

# VOYAGE APPLICATION - GENERIC & Medical Check Form



**LEEUWIN**  
Ocean Adventure Foundation

Please complete and email to [office@sailleeuwin.com](mailto:office@sailleeuwin.com)  
or send to PO BOX 1100, Fremantle WA 6959

For more information: [www.sailleeuwin.com](http://www.sailleeuwin.com)

<b>OFFICE ONLY</b>	Medical	Y	
	Missing Info	Y	▶ Provided Y
	Received:	_____	
	Approved:	_____	
	Emailed:	_____ / _____	
Entered:	_____		

## 1 VOYAGE DETAILS

Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## 2 PARTICIPANT DETAILS

Gender:                      M                      F                      Diverse Gender Identity

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ P/C \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Age at start of voyage: \_\_\_\_\_ Years \_\_\_\_\_ Months                      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you identify as Indigenous Australian?                      Y                      N                      or Torres Strait Islander?                      Y                      N

What is your main language spoken at home?                      English                      Other: \_\_\_\_\_

## 3 EMERGENCY (SHORE) CONTACT DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to participant:                      Mother                      Father                      Other: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

## 4 SCHOOL, UNIVERSITY OR WORKPLACE DETAILS

I attend                      School                      University

Name of school or university: \_\_\_\_\_

What year are you currently enrolled in: \_\_\_\_\_

School or university contact person name: \_\_\_\_\_

Contact person phone: \_\_\_\_\_ Email: \_\_\_\_\_

Most Leeuwin Voyages\* are programs endorsed by the School Curriculum & Standards Authority (SCSA).

Do you want your voyage recorded on your academic transcript (end of year 12):                      Y                      N

\* Learn more about WASSA and the benefits of Leeuwin voyages on [www.sailleeuwin.com/education](http://www.sailleeuwin.com/education)

I am employed                      Y                      N

Workplace: \_\_\_\_\_

## 5 DIETARY REQUIREMENTS

This section refers to medical allergies, not preferences/likes or dislikes.

I am:                      vegetarian                      lactose intolerant                      gluten free

Please provide any additional details: \_\_\_\_\_

## 6 MEDICAL INFORMATION

STS Leeuwin II is a working ship requiring us to assess if you are fit to take part in a voyage.

Your swimming ability: I can't swim I can swim 50m I can swim over 50m

Your height: \_\_\_\_\_ Your weight (KG): \_\_\_\_\_

Please tell us if you have or ever had the following conditions:

Abnormal response to heat/cold	Y	N	Head injury/concussion	Y	N
Aggression issues	Y	N	Heart or circulatory disorder	Y	N
Allergies - Drugs	Y	N	Haemophilia or bleeding problem	Y	N
Allergies - Food	Y	N	Hepatitis	Y	N
Allergies - Bites	Y	N	Hernia	Y	N
Anaemia	Y	N	HIV/AIDS	Y	N
Anaphylaxis *	Y	N	Impaired hearing	Y	N
Arthritis or rheumatism	Y	N	Impaired movement	Y	N
Asthma/breathing difficulties *	Y	N	Kidney or bladder problems	Y	N
Autism	Y	N	Learning difficulties	Y	N
Anxiety or depression	Y	N	Loss of balance/coordination	Y	N
Behavioral problems/ADD/ADHD	Y	N	Memory/attention problems	Y	N
Blood disorders/leukaemia	Y	N	Mental disability	Y	N
Bone or joint injury	Y	N	Mental illness	Y	N
Cerebral Palsy	Y	N	Osteomyelitis	Y	N
Claustrophobia	Y	N	Physical disability	Y	N
Dependence on any substances	Y	N	Pregnancy	Y	N
Diabetes (Type 1)	Y	N	Speech difficulty	Y	N
Diabetes (Type 2)	Y	N	Spinal injury/disorder	Y	N
Eating Disorder	Y	N	Thyroid disorders	Y	N
Epilepsy/fits/convulsions	Y	N	Tuberculosis	Y	N
Eye disease/vision impairment	Y	N	Vertigo	Y	N
Fainting/blackouts	Y	N	Other: _____		

If you have ticked YES to any of the above, please fill out sections 6<sup>1</sup> and 6<sup>2</sup> If you did not tick YES, go to 7

6<sup>1</sup> ABOUT YOUR MEDICAL CONDITION: effects of the condition, medication and management, list dates of the condition, include whether the condition is current or past, whether it may be of any concern during the voyage.

CONDITION	DETAILS OF THE CONDITION AND ANY OTHER RELEVANT MANAGEMENT ISSUES

\* For anaphylaxis and asthma conditions, an Action Plan is required.

DRUG	REASON FOR MEDICATION AND DOSAGE INFORMATION

★ All prescription medications are to be given to the Chief Officer upon boarding.

Y N

6<sup>2</sup> MEDICAL PRACTITIONER CONTACT DETAILS: For certain medical conditions, the Leeuwin's Medical Officer may require further information from your doctor.

Doctors Name: \_\_\_\_\_ Pratices: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

P/C: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

## 7 TRAVEL ARRANGEMENTS

If the participant is under 18, they will require a permission slip for alternative transport arrangements if a parent / guardian is unavailable.

### ▶ METROPOLITAN PARTICIPANTS

I understand that I am responsible for my own transport to (departure) and from (arrival) the ship **Y**

### ▶▶ REGIONAL PARTICIPANTS AND GROUPS

I will be dropped off by a parent or guardian **Y**

I will be arriving by train, bus or plane and making my own way to the ship departure point **Y**

I will be in a group of four or more and arriving by train, bus or plane and require a pick up\* **Y**

\*If a group of four or more are arriving via train, bus or plane, a pick-up could be organised. Contact us prior to booking a ticket.

## 8 PAYMENT / FUNDING DETAILS

▶ I am paying my full fare **Y** **N**

▶ I am applying for a sponsorship **Y** Sponsors name: \_\_\_\_\_

① ▶▶ I have raised money towards my voyage fare **Y** Amount raised: \$ \_\_\_\_\_

② ▶▶ I will raise money toward my voyage fare. I can provide a fundraising plan **Y**

Being involved in raising money towards your Leeuwin voyage is really rewarding. And we're here to help. Contact us.

I need assistance to raise the balance of the fund for the voyage **Y**

A non-refundable deposit of 25% of the total voyage fare is payable to reserve a berth. If your medical is not approved your deposit will be refunded in full. Full payment of the voyage is required 60 days prior to departure to confirm your berth.

## PAYMENT METHOD

By Cheque (Made payable to Leeuwin Ocean Adventure Foundation)

Or by Direct Deposit (Make reference of your last name and voyage number)

Account: Leeuwin Ocean Adventure Foundation · BSB: 306 011 · Account: 543 933 6

Or via Credit Card

Name on card: \_\_\_\_\_


Type of card: **VISA** **MASTERCARD** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card number: \_\_\_\_\_

I authorise Leeuwin Ocean Adventure Foundation to debit my credit card for the payment.

of: **25% of voyage fare** **100% of voyage fare** Sponsorship gap fare of: \$ \_\_\_\_\_

I want Leeuwin to contact me before taking payment.

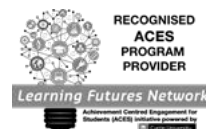
Signature \_\_\_\_\_ 

Date: \_\_\_\_\_

The Leeuwin Foundation is proudly supported by:



The Youth Explorer Voyage Program is endorsed by:



# DECLARATION & Participant Undertaking



**LEEUWIN**  
Ocean Adventure Foundation

This form must be completed by the voyage participant  
(Please tick the appropriate boxes)

## DECLARATION FOR VOYAGE CONTRACT

I, \_\_\_\_\_

- Have read and accept the terms and conditions of this Voyage Contract, including booking, payment and general conditions. See final page for Terms and Conditions
- Agree to notify the Leeuwin office if my medical condition was to change before boarding the ship.
- Authorise the Leeuwin Foundation to contact my medical practitioner or specialist if required.
- Give permission for Medical Officer or crew on board, and during the voyage, to administer First Aid or medical treatment as necessary.
- Understand that personal insurance is not included in the voyage fare.
- Declare all details provided on this form to be true and correct.

## PARTICIPANT UNDERTAKING

I, \_\_\_\_\_ understand that

- STS Leeuwin II is a working ship where participants are expected to actively engage in all activities.
- operates under confined conditions.

I, \_\_\_\_\_ pledge to

- Perform tasks as an active member of a watch group.
- Attend all musters.
- Follow instructions from all crew and captain.
- Acknowledge and accept that smoking is prohibited on-board.

**As an aspiring shipmate**

❶ Tell us why you want to join and participate in a Leeuwin Voyage?

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❷ What are you hoping to learn from your ocean going experience?

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❸ What soft skills will you work hardest on during the voyage?

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❹ What are you looking forward to most about your Leeuwin Ocean Adventure voyage?

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Participant's Signature: \_\_\_\_\_  Date: \_\_\_\_\_

If you are under 18 years old, a parent's or guardian's signature is also required:

Parent / Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_  Date: \_\_\_\_\_

These are the **Booking, Payment and General Conditions of Contract** (The Contract) applicable to participation by a voyage trainee or passenger (the Participant) on a "Leeuwin" voyage conducted by Leeuwin Ocean Adventure Foundation Ltd (Leeuwin Ocean Adventure).

### **Contract**

The Contract is between the Participant and Leeuwin Ocean Adventure and shall be formed on confirmation by or on behalf of Leeuwin Ocean Adventure of the Participant's application and payment of at least the prescribed deposit. If part of a group booking specific terms and conditions for group bookings may apply.

### **Participant Fare and Payment**

1. The Participant fare shall be the current published fare for the nominated voyage ("the Fare").
2. A non-refundable deposit amount equal to 25% of the Fare shall accompany each reservation.
3. The balance of the Fare is due and payable sixty (60) days prior to the confirmed embarkation date.

### **Cancellation**

4. The Participant may at any time prior to commencement of the voyage cancel the Contract in which case:
  - a) If the cancellation occurs prior to a date sixty (60) days before the embarkation date, Leeuwin Ocean Adventure will retain the non-refundable deposit but shall promptly refund all other monies paid on account of the Fare.
  - b) If the cancellation occurs subsequent to a date sixty (60) days before the embarkation date and prior to a date thirty (30) days before the embarkation date, Leeuwin Ocean Adventure will retain any monies paid on account of the Fare not exceeding in the aggregate an amount equal to fifty per cent (50%) of the Fare.
  - c) If the cancellation occurs within thirty (30) days of the embarkation date, Leeuwin Ocean Adventure will retain the non-refundable deposit and all other monies paid on account of the Fare.
5. Leeuwin Ocean Adventure may at any time cancel the Contract if:
  - a) All monies due are not paid prior to 60 days before the voyage embarkation date and in this case all monies paid by the Participant will be forfeited to Leeuwin Ocean Adventure.
  - b) For any reasonable cause, safety concerns or any unforeseen circumstances affecting the ship or its crew and which arise and are beyond the control of Leeuwin Ocean Adventure and in such case the Participant will be entitled to a full refund of all monies paid.
  - c) Prior to embarkation, the medical conditions and other disclosures by the Participant affect the suitability of the Participant to go on a voyage. In such cases the Participant would be entitled to a full refund of all monies paid by the Participant.
  - d) After embarkation the medical condition or behavior or the Participant necessitates that the Participant has to be disembarked from the ship, no refund is applicable.

### **Transfer**

6. Subject to availability, a Participant may transfer to another voyage to a date thirty (30) days prior to original embarkation on the following conditions:
  - a. A \$100 Transfer Fee will apply per transfer.
  - b. The transfer may only be to another voyage of the same or more days.
  - c. The transferred voyage must commence within 12 months of your original voyage embarkation date.
  - d. The transfer is valid for only 12 months and cannot be transferred again.
  - e. Any increase in the fare between the original and transferred voyage will be payable by the Participant.

### **Health and Fitness**

7. A Leeuwin Ocean Adventure voyage can be mentally and physically demanding and consequently a reasonable level of physical and mental fitness is required. On board the Participant shall have the opportunity to be involved in all aspects of operating the ship. This may entail hard physical exercise involving balancing, lifting, pulling and climbing. The Participant may also have the opportunity to be involved in rowing the ship's boats and engaging in shore based activities. To ensure Participant safety and enjoyment it is essential relevant Leeuwin Ocean Adventure staff be made aware of any medical or other conditions that may affect the Participants participation in a Leeuwin Ocean Adventure program.

### **Insurance**

8. Although Leeuwin Ocean Adventure has comprehensive insurance coverage, personal insurance is not included in the voyage fare. It is strongly recommended that Participants arrange their own appropriate insurance.
9. Leeuwin Ocean Adventure maintains comprehensive insurance:
  - a) Damage to any property or valuables; or the death, injury or sickness of a Participant, however so caused.
  - b) Any consequential or other loss of any kind arising directly or indirectly from the provision or non-provision of the Fare or voyage.
  - c) Notwithstanding anything hereinbefore expressed or implied Leeuwin Ocean Adventure shall in any event be entitled to the maximum protection allowed by law in respect of the liability of or any limitation on damages recoverable.

### **Privacy Act**

10. Leeuwin Ocean Adventure recognises the importance of Participant privacy and is committed to protecting Participant personal information. Leeuwin Ocean Adventure's Privacy Policy complies with the Privacy Amendment (Private Sector) Act 2000. A copy of the Leeuwin Ocean Adventure's Privacy Policy is available from the Leeuwin Ocean Adventure office.

### **Promotional Material**

11. Leeuwin Ocean Adventure reserves the right to take photographs or video footage of Participants on the voyage and use those images for promotional purposes. The Participants who do not wish for their image to be used must identify themselves to the Leeuwin Ocean Adventure's Chief Officer at the commencement of the voyage.

### **Voyage Itinerary**

12. Every reasonable effort will be made to adhere to the advertised route and timetable but any route or port may be altered or omitted or times or dates changed for any cause which Leeuwin Ocean Adventure and/or Leeuwin's Captain in their absolute discretion shall consider necessary.

### **On Board**

13. The Participant may not bring on board any goods or articles of a dangerous nature or alcohol or drugs of any kind (other than for personal medication or the treatment or relief of minor personal ailments).
14. All voyages are smoke free i.e.: **SMOKING IS PROHIBITED.**
15. The Participant agrees that Leeuwin Ocean Adventure, the Captain and each other servant or agent of Leeuwin Ocean Adventure, shall have the benefit of all rights and exemptions contained in these conditions.
16. The Captain shall have full direction and authority over Participants during the course of the voyage. Participants are expected to perform and observe all reasonable and lawful commands or directions of the Captain or his/her delegate and to accept such on board duties as may from time to time be assigned to them by the Captain or his/her delegate.
17. If it appears to the Captain that the Participant is for any reason whatsoever unfit to undertake or continue the voyage or likely to endanger his/her health or safety or endanger the health and safety of others on board, then Leeuwin Ocean Adventure and/or the Captain shall be entitled at any time to take any of the following courses as are appropriate at the time, namely:

- a. To refuse to embark the Participant;
- b. To disembark the Participant at any port; or
- c. To confine the Participant to a cabin.

If the Participant acted as provided in this condition, neither the Captain nor Leeuwin Ocean Adventure shall be liable for any damage, loss or expense occasioned to or by the Participant nor shall Leeuwin Ocean Adventure be liable to make any refund of the Fare or part thereof. Leeuwin Ocean Adventure shall in no circumstances be liable in respect of consequential loss or damage, detention, delay or over carriage how so ever caused.

18. Any expenses not covered by the Fare which are reasonably incurred by Leeuwin Ocean Adventure on board or at any port for and on behalf of the Participant for (but not limited to) medical, hospital, surgical or similar treatment, hotel, transport and repatriation expenses shall be payable by the Participant to Leeuwin Ocean Adventure on demand.
19. In making arrangements for carriage by air, road or rail and for accommodation of Participants, Leeuwin Ocean Adventure acts only as the agent of the Participant and does so on the express condition that no liability of any kind howsoever shall attach to it in connection with or arising out of such arrangements.