

ULTIMATE CHALLENGE - VOYAGE APPLICATION & Medical Check Form - Support



LEEUWIN
Ocean Adventure Foundation

Please complete and email to office@sailleeuwin.com
or send to PO BOX 1100, Fremantle WA 6959

For more information: www.sailleeuwin.com

OFFICE ONLY

Date received:	_____		
Date approved:	_____		
Medical:	Y	N	
Payment:	Fare	Gap	Deposit
Entered AB:	Y	_____	
Entered MT:	Y	_____	
Bus required:	Y	N	
Notes:	_____ _____		

1 VOYAGE

Voyage number: _____ Departure Date: _____

2 PARTICIPANT

Gender: M F Diverse Gender Identity

First Name: _____ Surname: _____

Address: _____ Suburb: _____ State: _____ P/C: _____

Phone (home): _____ Mobile (participant's): _____ Email: _____

Age at start of voyage: _____ DOB: ____/____/____

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

What is the main language spoken at home? English Other: _____

3 EMERGENCY CONTACT (SHORE)

Mr Ms Mrs First Name: _____ Surname: _____

Relationship to participant: Mother Father Other: _____

Mobile (emergency): _____ Email (emergency): _____

4 SCHOOL, UNIVERSITY OR WORKPLACE

I attend School University

Name of school or university: _____ Year at start of voyage: _____

Contact person: Name: _____ Phone: _____ Email: _____

I am employed Y N

Workplace: _____

5 DIETARY REQUIREMENTS

This section refers to food related allergies, not food preferences. While we cannot cater for vegan diet, we offer vegetarian options.

I am: vegetarian lactose intolerant gluten intolerant

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.

→ **Note: if you have or have ever had any of the following conditions** (ticked YES to any of the below), you are required to complete sections 6^e

Abnormal response to heat/cold	Y	N	Haemophilia or bleeding problem	Y	N
Aggression issues	Y	N	Head injury/concussion	Y	N
Allergies - Drugs	Y	N	Heart or circulatory disorder	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
Anxiety or depression	Y	N	Impaired movement	Y	N
Arthritis or rheumatism	Y	N	Kidney or bladder problems	Y	N
Asthma/breathing difficulties	Y	N	Learning difficulties	Y	N
Autism	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: _____		

6^e **LIST YOUR MEDICAL CONDITION/S:** 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 a current Action Plan is required **BEFORE** your application can be approved.

DRUG	REASON FOR MEDICATION AND DOSAGE INFORMATION

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

To your knowledge, would seasickness affect this medication? Y N

7 MEDICAL PRACTITIONER

For certain medical conditions, the Leeuwin's Medical Officer may require further information from your doctor.

Doctor's name: _____ Practice: _____

Address: _____ Suburb: _____

P/C: _____ State: _____ Phone: _____

8 QUALIFICATIONS & EXPECTATIONS

Do you have experience in working with: children youth people with disabilities

If you do with any of the above, please provide some details:

Include any letters of recommendation from your employee

Do you have a current Working With Children Check?	Y	N
If No, are you willing to obtain one?	Y	N
Do you have a current First Aid Certificate?		
If No, are you willing to obtain one?	Y	N

Are you fit and willing to provide physical assistance to participants during the voyage?	Y	N
If Yes, are you willing to climb the rigging and assist in this manner?	Y	N
Are you willing to assist and supervise participants with on board activities?	Y	N

In the event of an emergency, would you be willing to assist a pre-allocated participant to their emergency muster area? Not compulsory Y N

Would you be available to attend a Crew Training Day prior to the voyage? Y N

Aiming at familiarising yourself with the ship, and teaching you some basic sailing techniques. Not compulsory.

Is there any areas of care that you would be uncomfortable providing?

In your capacity as Support Participant, you will be required to share a cabin and be in a watch with participants of all abilities.

Shower	Toilets	Dressing	Meals	Stairs
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Other: _____

9 TRAVEL ARRANGEMENTS

I understand that participants are responsible for their own transport to the ship prior to its departure, and from the ship following its arrival.

DECLARATION & Participant Undertaking



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.

While on-board, I pledge to:

perform tasks as an active member of a watch group;
attend all musters;
follow instructions from all crew and the Captain; and
acknowledge and accept that smoking and alcohol prohibited on board.

DECLARATION FOR VOYAGE CONTRACT

I, _____ declare that:

I have read and accept the Terms and Conditions of this Voyage Contract, including booking, payment and general conditions. Visit our website to read our Terms and Conditions: www.sailleeuwin.com/terms-and-conditions/ 


I agree to notify Leeuwin Ocean Adventure if my medical condition was to change before boarding the ship.

I authorise Leeuwin Ocean Adventure to contact my medical practitioner or specialist if required.

I give permission for the Leeuwin Ocean Adventure Medical Officer to administer First Aid or medical treatment as necessary during the voyage.

I understand that personal insurance is not included in the voyage fare.

I declare all details provided on this form to be true and correct.

Participant signature _____  Date: _____



SAILING FOR ALL

Leeuwin Ocean Adventure delivers Australia's only tall ship personal development program for people with disability, through its annual Ultimate Challenge Voyage.

For over thirty years, Leeuwin Ocean Adventure, the Ultimate Challenge Voyage has offered people with an intellectual, physical or sensory challenge a life-building adventure which is a powerful source of cognitive and emotional stimulation, challenge and accomplishment. Outdoor Adventure Education makes a difference to lives, offering experiences beyond the status quo, encouraging new behaviours, strengthening self-esteem, self-confidence, and self-efficacy.

On board STS Leeuwin II for an Ultimate Challenge Voyage:

- Up to 24 people with intellectual, physical or sensory challenges
- Up to 16 participants learning to sail a tall ship who are willing to assist in making sure everyone on board achieves their potential
- 10 volunteers assisting with the smooth running of the voyage
- 5 permanent crew

All participants work as a team within their watch. Our experienced crew and volunteers collaborate with participants to be independent and involved as trainee crew members.

THIS VOYAGE IS OPEN TO PARTICIPANTS OF ALL AGES.

WHAT CARE IS PROVIDED ON BOARD?

Ultimate Challenge Voyages have a minimum participant to support participant ratio of 3:2 but some medical or physical conditions may require a 1:1 support ratio. Our permanent crew members are not included in this ratio and the doctor on board is also not included.

Support participants will assist in ensuring participants are engaged and that participation in the voyage program is to their level of ability and comfort. Support participants are there to assist in ensuring participants are following crews' instructions.

Watches (teams) will be made up of a mixture of participants and support participants. This also applies to cabin allocations.

Support participants are on hand to assist wherever help is needed (not only for one individual). Those participants requiring assistance in emergency situations will have a dedicated carer to assist them.

WHAT IS INVOLVED ON THE VOYAGE?

The voyage is a 4-night, 5-day adventure. The ship will stay in sheltered waters, generally anchor overnight and there will be no trips ashore. All operational aspects are determined by the Ship's Captain.

All participants will be placed into a watch and allocated a bunk. The watch will work together to achieve all the objectives set on board. All participants will be encouraged to engage in all on board activities including hauling on lines, taking the helm, galley (kitchen) duty, cleaning the ship, participating in night watches and setting sails.

Participants will be encouraged to take the opportunity to climb the bowsprit or masts. However, there is no requirement to participate in climbing activities. Some medical conditions may require an individual to be monitored before being approved to climb. This will be decided on an individual basis. As with all matters while the ship is at sea, the decision of the Ship's Captain is final.