



MACCABI VICTORIA ALL ABILITIES MEMBERSHIP FORM 2015

Please complete the attached form, to become a 'Maccabi Victoria All Abilities member' until 31 January 2016.

Maccabi Victoria aims to connect our community through sport, encouraging more people to participate in healthy physical activity and to adopt a positive lifestyle, to strengthen Jewish identity and continuity and make friends for life. The All Abilities Project aims to give Jewish people with disabilities increased opportunity to participate in sport and recreation throughout our mainstream clubs.

Please ensure:

- Every section is completed with accurate information in order for us to offer you appropriate and best level services and to be able to plan for your safety and well-being. You will not be excluded from our activities based on the information you provide, we will endeavor to cater for all needs.
- Membership Form is signed
- Write N/A for questions that do not relate to the member

Privacy and confidentiality

Any information that you provide on this application is strictly confidential and will only be used for the purposes of the Maccabi Victoria All Abilities programs.

Submitting form

Please submit your completed membership form in hardcopy or via email, to the address provided below.

If you have any questions or concerns or there are changes to your circumstances, please contact:

Contact Person	Lauren Mandel (All Abilities Inclusion Coordinator)
Address:	Level 1, 176 Bambara Road, South Caulfield, VIC 3162
Contact number	9563 5885, 0412 605 480
Email address	allabilities@macvic.com.au

Section A: ALL ABILITIES MEMBERS DETAILS

Please supply details of the member only. Please ensure that all answers are written clearly

First Name:		Surname:	
Date of Birth:		Gender: <i>(Please underline)</i>	Female Male
Street Address:			
Suburb/Post Code:			
Phone (Home):			
Phone (Work):			
Phone (Mobile):			
Email Address:			
Do you have reliable access to transport? <i>(Please underline)</i>	Yes / No		
Date of membership form completion:			
How did you find out about us?			

Section B: PARENT/GUARDIAN/CARER DETAILS*Please ensure that all answers are written clearly***Emergency Contact 1****First Name:****Surname:****Phone (Home):****Phone (Work):****Phone (Mobile):****Email Address:****Do you live at the same address at the member?***(Please underline)**If NO, please provide your address:*

Yes / No

Relationship to member:*(Please underline)*

Parent

Carer

Guardian

Sibling

Other:

Emergency Contact 2**First Name:****Surname:****Phone (Home):****Phone (Work):****Phone (Mobile):****Email Address:****Do you live at the same address at the member?***(Please underline)**If NO, please provide your address:*

Yes / No

Relationship to member:*(Please underline)*

Parent

Carer

Guardian

Sibling

Other:

Section C: MEDICAL INFORMATION*Please ensure that all answers are written clearly***Doctor's Name:****Doctor's Clinic and Address:****Doctor's Phone:****Medicare Number:****Private Health Insurance Fund:****Membership Number:****Ambulance Subscription:***(Please underline)**If YES, provide number*

Yes / No

What is the member's diagnosis or condition? <i>(Please underline)</i>	<ul style="list-style-type: none"> • ADD/ADHD • Asperger's • Autism • Down syndrome • Hard of hearing/deafness • Intellectual disability • Acquired Brain Injury • Orthopedic impairment/physical disability (i.e. SCI, cerebral palsy) • Visual impairment/blindness 	Other <i>(please list)</i> :
Does the member have any of the following: <i>(Please underline)</i> <i>If you answer YES to any of these, please complete the additional information requested on page 6.</i>		
Epilepsy: Yes / No	Diabetes: Yes / No	Asthma: Yes / No
Does the member have any allergies? <i>(Please underline) If YES, please give details including triggers, symptoms and treatment for allergies</i>		
Yes / No		
Does the member have any specific dietary requirements? (e.g. vegetarian, coeliac, intolerances) <i>(Please underline) If YES, please list and describe</i>		
Yes / No		
Does the member have any additional medical conditions? <i>(Please underline). If YES, please list and describe</i>		
Yes / No		
What are the member's physical abilities? <i>(Please underline)</i>	A) To mobilise, member: <ul style="list-style-type: none"> • Can walk/run • Requires manual Wheelchair • Requires automatic Wheelchair • Requires Walking frame Other <i>(please list)</i> :	B) The member can mobilise: <ul style="list-style-type: none"> • Independently • With minimal assistance • Completely dependent on assistance Other <i>(please describe)</i> :
What equipment/aid does the member use? <i>(Please underline)</i>	<ul style="list-style-type: none"> • Glasses • Wheelchair (manual/automatic) • Communication Aid • Hearing aid • Peg fed 	Other <i>(please list)</i> :
Do you require one on one support? <i>(Please underline)</i>		Yes / No
Are there any activities that the member will have serious trouble completing or require aides or assistance? <i>(Please underline) If YES, please list and describe (e.g. toileting assistance,</i>		
Yes / No		

Section D: GENERAL BEHAVIOUR

Activities of daily living

Please answer the following, by underlying:

Does the member require assistance for toileting?	Yes / No
Does the member have a regular schedule to adhere to?	Yes / No
Does the member experience constipation?	Yes / No
Does the member have problems with diarrhea?	Yes / No
Does the member require assistance with menstrual needs?	Yes / No / NA

If you answered YES to any of the above:

Please provide any additional information that will help us to ensure that we meet your care needs

Behaviour:

Please answer the following, by underlying:

Has the member been known to be aggressive to others? (e.g. hitting, biting, kicking)	Yes / No
Has the member been prone to 'wandering'?	Yes / No
Has the member been reported 'missing'?	Yes / No
Has the member been reported to police?	Yes / No
Has the member exhibited self-injurious behaviour?	Yes / No

If you answered YES to any of the above:

How do you deal with these behaviors? What are the triggers? Describe positive reinforcement and activities that reward or calm the member

Is there any additional information (e.g. behavior management plan) that can be provided to ensure that we provide the best possible care to member and other members

Communication

Please answer the following, by underlying:

Can the member be difficult to understand?	Yes / No
Is the member's speech limited?	Yes / No
Does the member have difficulty understanding and/or following directions?	Yes / No
Does the member use sign language? (Please underline)	Yes / No Auslan or Makaton

Please outline anything that may assist us communicate with the member (e.g. communication book)

Section E: PERMISSION AND CONSENT

Photo/Video Consent

I give permission for my photographs/film footage/comments to be used by Maccabi Victoria for promotional purposes and other uses as seen fit by Maccabi Victoria. It is my understanding that these photographs and videotapes can be used to promote public understanding and support for Maccabi Victoria All Abilities programs

Please underline:

Yes / No

Consent for registration

I give consent to the application for membership to the Maccabi Victoria All Abilities Club. I agree that neither the club nor any of the appointed coaches or officials are liable in any way whatsoever for injury, damage or loss of property suffered by the member during the course of any club activities or programs and that no claim will be made in respect thereof on behalf of the player against the club or any of its appointed officials. I verify that the information set out above is true and correct for all details.

I give permission for the information provided in the 'Maccabi Victoria All Abilities membership form' to be included in the database and to be added onto the email-list, to be sent information about upcoming Maccabi Victoria All Abilities events and programs. In the event of an emergency, I give permission for this medical information to be shared with medical personnel. In my opinion, there is no reason why the member should not participate in activities and events offered by Maccabi Victoria.

Please underline:

Yes / No

Transport

I give permission for the member to be transported to and from the Maccabi Victoria All Abilities activities and events that they attend, and that this will include the use of public transport, hire vehicle, staff cards and drivers and volunteer cars and drivers and I give permission to be transported as the All Abilities Coordinator deems suitable.

Please underline:

Yes / No

Attending events

I give permission for the member outlined in this application to attend activities and events organised and run by Maccabi Victoria All Abilities. I will ensure that an RSVP or confirmation of their attendance is sent to the respective event organizer for each event.

Please underline:

Yes / No

Does the member have a guardian appointed by VCAT? Please underline:

Yes / No

If you answered YES, please ensure the VCAT appointed guardian signs below

If you answered NO and member is over 18 years of age, only member will be required to sign document

If you answered NO and member is under 18 years of age, please ensure parent/guardian signs below

Parents/Guardians Name:

Parents/Guardians Signature:

Date

Members Name:

Members Signature:

Date

SECTION F: ADDITIONAL MEDICAL INFORMATION (only required if have these conditions)**Asthma****Usual signs of asthma:***(Please underline the relevant answers)*

- Wheezing
- Chest tightness
- Coughing
- Difficulty breathing
- Difficulty speaking

• Other:

Usual maintenance regime or medical program followed:**Name of Medication:****Method (e.g. puffer & spacer, turbohaler)****When and how much?****Do you require assistant to take your medication (Please underline)**

Yes / No

Signs of worsening asthma:*(Please underline the relevant answer)*

- Wheezing
- Chest tightness
- Coughing
- Difficulty breathing
- Difficulty speaking

• Other:

Medical and treatment to be used during crisis situation:**List any known asthma trigger factor(s):****Epilepsy****What type of seizures do you have?****How long has it been since your last seizure?****What triggers your seizures?****What is the usual length of the seizures?****In what circumstance should an ambulance be called?****Action plan suggested, in the event of a seizure?****Diabetes****Do you take Insulin or tablets?****How often do you have hypos?****Can you feel them coming on?****Do you carry an emergency Glucose injection?****Have you ever had to use it?****Are you confident in adjusting medication for intensive exercise?**