

UP!Club is a group of friends that meet in their local area to do all types of different activities.

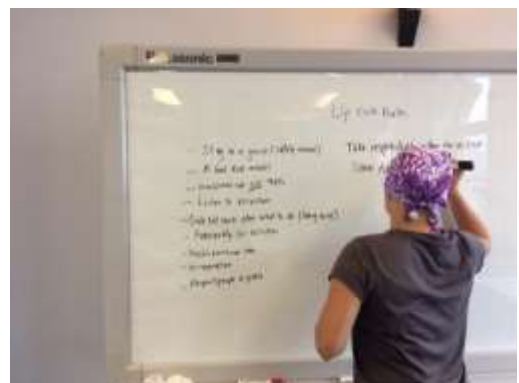
You can try new things in a safe environment.



But most of all you will HAVE FUN!

Please complete the attached form so we have all the necessary details for you to enjoy coming along to UP! Club.

If you need help please ask your parent, carer, or support person to assist you.



UP! CLUB PARTICIPANT INFORMATION

First name: _____ Last name: _____

Preferred Name: _____ Member mobile number: _____

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Gender: ☐ Female ☐ Male ☐ Other

Participant email address: _____

UP! Club registration: ☐ CENTRAL ☐ North ☐ Inner West ☐ South
☐ Greater Western Sydney ☐ South West ☐ Blue Mountains ☐ Hornsby

Are you an NDIS participant? ☐ No ☐ Yes – NDIS managed ☐ Yes – Self managed

☐ Yes – Plan Managed ☐ Combination: _____

NDIS NUMBER: _____ Plan Start Date: _____ Plan Finish Date: _____

I live: ☐ At home ☐ Independently ☐ Other: _____

Address: _____

Do you have a companion card? ☐ YES ☐ NO If Yes, number: _____ Exp: _____

PLEASE SCAN AND ATTACH A PHOTO OF YOUR COMPANION CARD or OTHER PHOTO ID IF YOU DO NOT HAVE A COMPANION CARD

Do you have a half price taxi card? ☐ YES ☐ NO

Food Allergies/Dietary Requirements: ☐ Vegetarian ☐ Halal ☐ Lactose Intolerant ☐ Coeliac

Other: _____

Medical details:

Do you have Down Syndrome? YES ☐ NO ☐

Do you have any medical condition/s or disability YES ☐ NO ☐

If yes, please specify?

Do you have any mental-health needs that we should know about? ☐ YES ☐ NO

If yes, please specify?

Do you take any medication? ☐ YES ☐ NO

If yes, specify name, dosage and frequency?

Please note: UP!Club workers and volunteers do not provide medication assistance.

Do you like to drink alcohol? ☐ YES ☐ NO If yes, please provide details:

Favourite drink/s:

Favourite food/s:

Other Allergies/Dietary Requirements:

Communication:

☐ Verbal – English ☐ Verbal – other ☐ Non-verbal ☐ Sign, compic, auslan, pictures (please provide details)

How can we best support you? (road safety, dealing with loud noises, crowds, dressing etc.)

Additional notes:

PARENT/CARER CONTACT INFORMATION

(This may be mum, dad, brother, sister or another person who supports you. Please provide at least one contact)

PRIMARY CONTACT (Emergency contact during activities and to receive all UP! Club communication):

Name: _____ Mobile number: _____

Email: _____ Relationship: _____

CONTACT 2 (optional):

Name: _____ Mobile number: _____

Email: _____ Relationship: _____

UP! Club Activity Questionnaire

Do you work? ☐ YES Where do you work? _____
☐ NO Are you looking for work? _____

Do you attend a Day Centre or other program? ☐ YES ☐ NO

What is the name of the Day Centre/ other program? _____

Do you take public transport by yourself? ☐ YES ☐ NO

Do you have a carer or parent that drives you to activities? ☐ YES ☐ NO

Would you be interested in any of the following training: ☐ Aging ☐ Safe travel ☐ Budgeting and money
 skills ☐ Healthy relationships and sexuality ☐ Independent living skills ☐ Social media and cyber safety
☐ NDIS planning ☐ Other: _____

Do you like sports? ☐ YES ☐ NO

What are your favourite sports?

What is your favourite team? _____

What do you like to do in your spare time or with your friends?

Do you like music? ☐ YES ☐ NO

What types of music do you like:

☐ ROCK ☐ DANCE/ELECTRONIC ☐ HIP HOP ☐ POP ☐ CLASSICAL ☐ FOLK
☐ MUSICALS ☐ COUNTRY MUSIC ☐ HEAVY METAL ☐ BLUES ☐ DISCO/70'S ☐ 80'S AND
 90'S

Who are your favourite singers or bands?

Do you like movies and TV shows? ☐ YES ☐ NO

What are your favourite movies and TV shows?

Do you like animals? ☐ YES ☐ NO If yes, what are your favourite animals?

Other hobbies/ interests:

Here are some ideas for activities. Please tick the activities that you might like to do with UP! Club

<input type="checkbox"/> Swimming	<input type="checkbox"/> Healthy living activities	<input type="checkbox"/> Disco	<input type="checkbox"/> Boat cruise
<input type="checkbox"/> Ice skating	<input type="checkbox"/> Picnic	<input type="checkbox"/> Seeing a band	<input type="checkbox"/> Aquarium
<input type="checkbox"/> Mini golf	<input type="checkbox"/> Art & Craft	<input type="checkbox"/> Theatre	<input type="checkbox"/> Zoo
<input type="checkbox"/> Lawn bowls	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Markets	<input type="checkbox"/> Volunteer work
<input type="checkbox"/> Bowling	<input type="checkbox"/> Pub night	<input type="checkbox"/> Shopping	<input type="checkbox"/> Music festivals
<input type="checkbox"/> Watching sport	<input type="checkbox"/> Learning new skills	<input type="checkbox"/> Studio audience (ie –	<input type="checkbox"/> Cultural festivals
<input type="checkbox"/> Information Workshops	<input type="checkbox"/> Dance class	footy show)	

Please tick the time/s that you would most like to do activities with The UP! Club

☐ Friday night ☐ Saturday ☐ Saturday night ☐ Sunday ☐ Sunday night

Your ideas for activities:

YOUR GOALS:

What would you like to get out of participating in UP! Club?

Do you have any specific goals you would like to achieve?

Do you have any concerns about The UP! Club program?

DECLARATIONS:

Please read the declarations below, tick to acknowledge and sign below

- ☐ I am responsible for my travel to and from UP! Club activities
- ☐ I understand that I must register to attend events via DSNSW website or phone DSNSW on 9841-4444
- ☐ I have read and understand the UP! Club rules and I will respect them
- ☐ I am happy for photos/videos to be taken of me at UP! Club that may be used for DSNSW communication and/or marketing purposes

Signature of Participant: _____

Date: _____ / _____ / 20_____

Signature of Primary Contact: _____

Date: _____ / _____ / 20_____

OFFICE USE ONLY**INTERVIEW:**

Note any concerns arising from application:

What action has been taken to ensure the necessary supports are in place for the participant?

Is the participant ready to attend up UP! Club events? ☐ YES ☐ NO

DATE: _____ NAME: _____ SIGNED: _____