



## Attendant Support Initiative — Service User Profile

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### Service User Details

Title: Dr Mr Mrs Ms Miss	Gender: Male / Female
Surname:	Given Name:
Preferred Name:	Date of Birth:
Residential Address:	Suburb: Post Code:
Contact Number/s:	Email:

### Carer Details

Title: Dr Mr Mrs Ms Miss	Surname:
Given Name:	Organisation:
Company Address:	Suburb: Post Code:
Contact Number/s:	Email:

### Person responsible for payment

Title: Dr Mr Mrs Ms Miss	Surname:
Given Name:	Relationship:
Postal Address:	Suburb: Post Code:
Contact Number/s:	Email:

- Please note that we require 24hrs notice for all cancellations or fee will still apply.

### Plan Manager Details (if required)

Given Name:	Surname:
Postal Address:	Suburb: Post Code:
Contact Number/s:	Email:

- Please note that we require 24hrs notice for all cancellations or fee will still apply.

## Emergency Contacts

Title: Dr Mr Mrs Ms Miss	Surname:
Given Name:	Relationship:
Contact Number:	Contact Number:

## ASI Preferred Session Times

Please provide two preferred times you would like to use the centre:

Day:	<u>Time/s:</u>
Day:	<u>Time/s:</u>
How many times a week would you like to attend?	

## Support Requirements

Transport & Access — please circle appropriate requirements

How will you be travelling to centre: Own Vehicle / Taxi / Carer / Public Transport
Will you require support to enter centre on arrival: Yes / No / On Request
What type of support will you require to enter: Supervision / Guidance / Minimal physical support / Full physical support Description:

## Physical Support Requirements

How can staff best support you in the centre? Please describe your specific support needs?	
Will you visit the centre with support from a carer?	Yes / No
Will your carer be assisting you to access facilities?	Yes / No
Do you require additional assistance?	Yes / No

Please provide a description of assistance or additional assistance required?	
Do you utilise a specific aid or piece of equipment?	Yes / No
Please circle type of aid I equipment you may use Walking Stick / Wheelchair / Hearing Aid / Physio Shoes / Leg Calliper/s / Walking Frame / Helmet/Other:	
Do you require any support with any of the above aids / equipment? If yes, please give details below:	

## Use of Equipment

<p>Will you require the use of the following facilities when visiting the centre:</p> <p>Portable Standing Hoist / Pool Chair Hoist / Adult change Table/ Ramp / Accessible Change Room / Wet Water Wheel Chairs / Pool Flotation Equipment / Other:</p> <hr/>
<p>Please note: The hoists that are available for use within our centre are assessed and serviced on a regular basis. The manual and Hydrotherapy pool hoists have specific procedures and guidelines for use and our lifeguards at Brimbank Leisure Centres follow these. Only lifeguards are authorised to use each piece of equipment as per our safety procedures. The manual hoist has the capacity for 150kg and the pool hoist has the capacity of 150kg. The ceiling hoist in both accessible change rooms has the capacity of 140kg. Service user current weight range: - please note that if weight is over 150kg the use of hoists will not be able to be available due to Occupational Health and Safety. Please circle:</p> <p>30-50kg      50-70kg      70-90kg      90-110kg      110-130kg      130-150kg</p>

## Communication Needs

Do you communicate using speech? yes / No Pleased describe:

Do you use any additional aids to communicate?

Sign Language / Gesture / Body Language / Written words / Pictures / Comic Symbols / Request cards / Light writer / Electronic devices / Carer support / Boards / Eye contact / Face expressions / Alphabet / Chat book / Other:

Please provide additional details about your specific communication requirements?

## Infrequent Behaviours

Will you require assistance in developing particular routines when in the centre?

Are there any conditions that may make it difficult to function well in an activity?

Could you display any particular behaviour if you were upset or agitated for any particular reason? Please circle below?

Hitting self or others / Biting self or others / Head butting / Kicking / Yelling / Running away / Wandering / Swearing / Spiting / Yelling / Grabbing / Damaging property / other:

Please list any other information that you believe will assist our staff to support you when accessing the ASI program?

Name of person completing this form:

## Photography consent

Brimbank City Council needs your permission to use your name, images and digital recordings of you as part of Brimbank City Council media which includes advertising, posters, brochures, websites, billboards and any other forms of media we may utilise. Information you provide as part of any interviews/filming may also be provided to third party providers or websites such as YouTube.

### Details required of an adult being photographed

I am over 18 years

I consent to Brimbank City Council using my name/photograph(s) of me for the above uses

Name: \_\_\_\_\_

Phone/email:  
(optional) \_\_\_\_\_

Adult signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Details required for a person under the age of 18 years being photographed

I am the parent/guardian of a person under 18 years

I consent to Brimbank City Council using my **child's** name/photograph(s) for the above uses

My name is: \_\_\_\_\_ **Child's name:** \_\_\_\_\_

Additional names \_\_\_\_\_  
Parent/guardian  
signature: \_\_\_\_\_ Date: \_\_\_\_\_