

VOYAGE APPLICATION - GENERIC & Medical Check Form



LEEWIN
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: _____

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

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.

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

Your height: _____ Your weight (KG): _____

→ 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 6¹ and 6²

| | | | | | |
|--------------------------------------|---|---|---------------------------------|---|---|
| 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: _____ | | |

6¹ 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

6² MEDICAL PRACTITIONER CONTACT DETAILS: 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: _____

7 TRAVEL ARRANGEMENTS

If you are under 18, you will require a permission slip for alternative transport arrangements if your parent or guardian is unavailable.

▶ METROPOLITAN PARTICIPANTS

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

▶▶ REGIONAL PARTICIPANTS AND GROUPS

I will be dropped off by a parent or guardian

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

I will be in a group and arriving by train, bus or plane

▶ Name of the group: _____

8 PAYMENT / FUNDING DETAILS

The voyage fare (referred to as the Fare) is due in full. If you were successful in applying for a sponsorship, the corrected Fare (referred to as Gap Payment) is due in full. You can pay the Fare or Gap Payment in two (2) instalments: 1/ Instalment 1 (minimum 25% deposit) 2/ Instalment 2 (due within 60 days of departure).

A reservation cannot be confirmed until payment of the Deposit is received. A berth is only secured once the Fare or the Gap Payment is paid in full. Information about payment Terms & Conditions is available on this page: saillleeuwin.com/terms-and-conditions/  (conditions 1–6).

| | | | |
|---------------------------------------|---|---|--|
| ▶ I am paying in full: | Y | N | Fare due: \$ _____ |
| ▶▶ I received a sponsorship: | Y | N | Gap Payment due: \$ _____ |
| I wish to pay in two (2) instalments: | Y | N | 25% Deposit due: \$ _____ (With your application) |

PAYMENT METHOD

If your Voyage Application Form is not approved, Leeuwin Ocean Adventure will return the Fare or Gap Payment in full.

By Cheque; or

(Made payable to Leeuwin Ocean Adventure Foundation)

By Direct Deposit; or

(Please make a reference of your last name and voyage number)

Account Name: Leeuwin Ocean Adventure Foundation • **BSB:** 306 011 • **Account number:** 543 933 6

Via Credit Card.

Name on card: _____

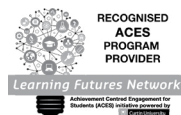
Type of card: VISA MASTERCARD Expiry Date: _____ / _____

Card number: _____

The Leeuwin Ocean Adventure is proudly supported by:



The Youth Explorer Voyage Program is endorsed by:



DECLARATION & Participant Undertaking



As an aspiring shipmate

❶ Tell us why you want to participate in a Leeuwin Ocean Adventure voyage?

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

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

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

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: _____

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

Parent / Guardian Name: _____

Relationship to participant: _____

Parent or Guardian signature _____ Date: _____