



Attendant Support Initiative (ASI) – Service User Profile

The following information is used to allow Active Moreland to provide ASI clients with a safe and enjoyable experience that helps them achieve their desired goals.

The information will be completely confidential and used only by the ASI coordinators and leaders for the purposes of the service. The form can be completed by the participant or if assistance is required, in conjunction with a primary carer/family member.

Please complete all sections and return to the centre which you will be attending.

Service User Details

Participant Details	
Title: Mr / Mrs / Ms / Miss / Dr	Gender: M / F DOB:
First Name:	Surname:
Address:	Suburb: Postcode:
Contact number/s	Email:
Carer Details (if applicable)	
Title: Mr / Mrs / Ms / Miss / Dr	Organisation:
First Name:	Surname:
Address:	Suburb: Postcode:
Contact number/s	Email:
Emergency Contact (if different from above)	
Title: Mr / Mrs / Ms / Miss / Dr	Relationship:
First Name:	Surname:
Contact number 1:	Contact number 2:
Email:	
Who is completing this form?	
Participant / Carer / Family Member / Other	
Specify if other:	
Where do you live?	
Home with family / On your own / With friends / CRU / Other	
Specify if other:	



Person responsible for payment
Participant / Carer / Emergency Contact / Other
Contact number if other:

Please note: We require 24hrs notice for cancellations or full fee will still apply

ASI Preferred Session Times – Please provide 2 preferences for using the centre	
Day:	Time/s:
Day:	Time/s:

Transport and Access Requirements

How will you be travelling to the centre?
Own Vehicle / Taxi / Carer / Public Transport
Note: If travelling by Taxi please organise your pick up time in advance
Will you be attending with a separate carer or support person in addition to booking an ASI staff member?
Yes / No /
Will you require support to enter the centre on arrival?
Yes / No / May request assistance
If yes, what support will you require to enter?
Supervision / Guidance / Some physical support / Full physical support
Please describe:
How far can you walk or travel on gravel or grassed surfaces?
No issue / Can travel only a short distance / Cannot travel on these surfaces at all
Do you have any issues with stepping up on curbs?
Yes / No



Physical Support Requirements

How can our staff best support you in the centre? Please describe your specific support needs.

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Will you be visiting the centre with support from a carer?

Yes / No / May on occasion

Will your carer be assisting you to access facilities at the centre?

Yes / No

Do you require additional assistance?

Yes / No

Please describe assistance/additional assistance required:

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Do you use any of the following aids or equipment?

Walking Stick / Manual Wheelchair / Automatic Wheelchair / Hearing Aids / Physio shoes / Walking Frame / Helmet / Other:

If you require support with any of the above aids/equipment please describe:

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Do you have your own sling for use with Hoists?

Yes / No

If yes please ensure that you bring your hoist and instructions for use to your ASI sessions.

If you require access to a hoist but do not have your own sling, please describe what you normally use a hoist for below. This will allow us to assess whether we are able to cater to your needs using our own slings where available.

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Use of Equipment and facilities at the centre

Which of the following facilities will you require use of when visiting the centre?

Portable Standing Hoist / Pool Chair Hoist / Adult Change Table / Pool Ramp / Accessible Change Room / Water Wheel Chair / Pool Flotation Equipment
Other:

What is your current weight range? This will allow us to determine what equipment will be available for your usage.

30-50kg / 50-70kg / 70-90kg / 90-110kg / 110-130kg / 130-150kg

What is your current swimming experience?

No experience / some experience / experienced swimmer
Unable to swim independently / can swim with some assistance

Are you comfortable in deeper water?

Yes / No / Unsure

Accessible equipment and features available at Active Moreland centres

Brunswick Baths

Accessible Change Rooms Hoist with capacity of 350kg. Hoist track to:

- Shower
- Change table
- Toilet

Spa Hoist – Capacity of 150kg

Water Wheelchair

Ramps into indoor 20m and outdoor 50m pool

Flotation Devices for pool

Elevator to 2nd floor Gymnasium

Wheelchair access to Gymnasium, Functional Training Room and Group Fitness Room

Coburg Leisure Centre

Accessible Change Room Hoist with capacity of 200kg. Hoist track to:

- Shower
- Change table
- Toilet

Water Wheelchair

Ramp into indoor 25m pool

Flotation Devices for pool

Wheelchair access to Gymnasium and Group Fitness Room

Fawkner Leisure Centre

Accessible Change Room Hoist with capacity of 200kg. Hoist track to:

- Shower
- Change table
- Toilet

Fixed Pool Hoist with capacity of 180kg

Flotation Devices for pool

Wheelchair access to Gymnasium and Group Fitness Room



Communication Needs

Which best describes your communication?
Verbal / Non Verbal
Do you use any additional aids to communicate?
Communication Board / Makaton/Signing / Electronic Aids / Gestures Body Language/Face Expressions / Written Words or Pictures Other:
Please provide any additional detail about your specific communication requirements:

Behaviours

Will you require assistance in developing particular routines when in the centre?
Yes / No
Note: If yes our staff will work through a suitable routine with you when you first use the service:
Do you use any additional aids to communicate?
Communication Board / Makaton/Signing / Electronic Aids / Gestures Body Language/Face Expressions / Written Words or Pictures Other:
What conditions if any make it difficult for you to function well in an activity?
Could you display any particular behaviour if you were upset or agitated for any particular reason?
Hitting self or Others / Biting Self or Others / Head Butting / Kicking / Yelling Running away / Wandering / Swearing / Spitting / Grabbing / Damaging Property / Other:
Please add any specific information required for any of the above behaviours:



Physical Needs

Please indicate your physical care needs for each of the following:

Clothing
Independent / Supervision needed / Some assistance needed / Full assistance needed
Showering
Independent / Supervision needed / Some assistance needed / Full assistance needed
Grooming
Independent / Supervision needed / Some assistance needed / Full assistance needed
Toileting
Independent / Supervision needed / Some assistance needed / Full assistance needed
Please add any specific information required for any of the above physical care needs.

Note: It is important that you consider the time required to assist you with the above needs when making a booking. All assistance with a support worker is factored into your booking time. I.e. if you would like to be active for the full hour you may need to book for 1.5 hours.

Are you able to weight bear with the support of a wall rail?
Yes / No
Do you have any other conditions you might require support for?
Epilepsy / Asthma / Diabetes / Arthritis / Hemiplegic / Spinal / Mental Illness Vision Impairment / Hearing Impairment / Autism Other (specify):
Note: Please attach any health management plans related to the above:
Please add any additional information that may assist with providing support to this person whilst accessing the Attendant Support Initiative.



Medical information

Please complete the following section on medical needs. This information is required to ensure we have the most up to date information if needed in an emergency.

Medical Information	
Name of Doctor:	Phone:
Medicare Number:	Ambulance Cover: Yes / No
Private Health Insurance: Yes / No	Health Insurance Fund name (if yes)
Allergies if any:	
Any other relevant medical information:	
<p>Disclaimer: If you have provided information in this form on any medical conditions whether physical or mental you will be asked to obtain medical clearance prior to being able to utilise the Attendant Support Initiative service. This may include providing information on medications you currently take. Should you fail to notify Active Moreland of any conditions Active Moreland will bear no liability relating to these conditions and use of any leisure centre programs and services.</p>	

Personal Goals

What type of program are you most interested in?
Water based / Gymnasium / Group Fitness / Other
If other please describe:
What personal goals would you like to achieve that we can assist you with?
How do you feel we can best assist you in achieving these goals?



Please complete all sections and return to the relevant Active Moreland Centre:

Coburg Leisure Centre – Bridges Reserve, Bell St, Coburg, 3058

(03) 9354 8062

Fawkner Leisure Centre – 79/83 Jukes Rd, Fawkner 3066

(03) 9358 6600

Brunswick Baths – 14 Dawson St, Brunswick, 3056

(03) 9381 1840

Or email to programs@activemoreland.com.au

Opening hours and other important information is located at www.activemoreland.com.au