

Eagleton Ridge Activity Centre

Application Form

10 Six Mile Road
Eagleton, NSW, 2324

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Please note: The Centre must receive this application before Activities can be finalized.

This information is to be kept private and confidential. This information is for assessment of support requirements & to make transition into the Centre easier for all. This information is to be used also for activity planning. Please answer all questions as accurately as possible to enable us to build client profiles for better management of groups - more information is better than not enough.

Applicants Full Name: _____ D.O.B _____

Likes to be addressed as: _____

Applicants Home Address: _____

Contact Phone Number: Home _____ Business _____ Mobile _____

Emergency Contact Number: _____

Allergies: _____

Chosen Activity:

Date client wishes to commence:

Support requirements:

Please give as much information as possible about support requirements.

Ability to stay on Task: _____

Ability to follow instructions: _____

Previous Activities and their outcomes: _____

General likes & dislikes:

Your expected outcome:
