

Section 1: Traveller Profile

Tour Information										
Tour Name							Departure Date			

All Travellers to Complete Travellers Details									
Title		Given Name				Family Name			
Residential Address									
Suburb			State			Postcode			
Preferred Name:						Date of Birth			

Past Travellers to Complete									
Please indicate your Johnny H Adventurer Membership Number:									


Contact Information									
Home Phone							Mobile		
Email									

Passport Details									
<input type="checkbox"/> I've included a copy of the passport with this profile									
Nationality			Passport #			Issue Date			
Place of Issue						Expiry Date			

NDIS Plan Management Type: Self Managed Plan Managed Agency Managed

If Plan Managed, please provide details of your Plan Manager:									
Name						Phone			
Email									

Emergency Contact Information									
Name						Phone			
Relationship	Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Family Member	<input type="checkbox"/>			

Tour Shirt								
			Size: please circle your shirt size:					
			XS	S	M	L	XL	2XL

Travel Insurance:				
It is a Pure Traveller requirement that all travellers have travel insurance				
Are you happy to receive a quote for travel insurance from us?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, do you have other travel insurance arrangements that meet the requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pre-existing conditions may affect the cost of your insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I have read, understood and agree to abide by the Pure Traveller booking conditions as supplied with this form:										
Relationship	Parent	<input type="checkbox"/>	Guardian*	<input type="checkbox"/>	Family Member*	<input type="checkbox"/>				
Printed Name	Signature				Date					
					D	D	M	M	Y	Y

* please note as this is a legal document, we require supporting evidence of the signing persons legal capacity to sign on behalf of the traveller



Section 2: Getting to know our traveller

About your Disability					
Mild Intellectual Disability	<input type="checkbox"/>	Moderate Intellectual Disability	<input type="checkbox"/>	Severe Intellectual Disability	<input type="checkbox"/>
Does the traveller have any mobility difficulty or use mobility aids?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Will the traveller be able to walk on and off for a few hours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Social & Behaviour				
Can the traveller read?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can the traveller tell time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can the traveller write?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can the traveller follow basic directions? (e.g. Please come here?)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the traveller likely to want to avoid participation in group activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the traveller have any fear or phobias?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the details				
Are there any situations that the traveller find particularly stressful?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the details				
Is the traveller confident with handling money?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the traveller normally use a debit/credit card?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the traveller have a tendency to wander off?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the traveller handle sharing a room?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide the details of any concerns you may have.				
Does the traveller usually sleep with the lights on?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the traveller comfortable with crowded situations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Travel Experience				
Has the traveller travelled internationally before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, did this include a long distance flight?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the traveller visited any theme parks before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the details about any rides they liked or disliked	Like			
	Dislike			
Has the traveller travelled not in the company of a family member previously?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Eating				
Is there any food/drink that the traveller should not consume as it may affect their behaviour? (other than any allergy foods/drinks)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the details				

Anything else we might need to know				



Section 3: Health & Medical Information

Travellers Details											
Title		Given Name		Family Name							
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth							

Doctors Details											
Name:		Practice Name									
Day Ph:							After Hrs Ph				

Health Fund											
Private Health Insurance Fund		Policy Number									

Immunisation History											
Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Triple Antigen	<input type="checkbox"/>						
Rubella	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Sabin (Polio)	<input type="checkbox"/>						
Tetanus	<input type="checkbox"/>	Booster Date									

Health Related Information											
Does the traveller suffer from any of the following?											
Asthma (please provide plan)	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>						
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>						
Has the traveller got a communicable disease?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If yes, please provide the details											

Special Dietary Requirements											
Dietary Requirements											
Food Allergies:											
Non Food Allergies:											
Has the traveller been prescribed an adrenalin auto injector? (EpiPen)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

Medication											
Name	Dose	Frequency	Time to be taken								

Sections 2 & 3 Completed by											
Name		Phone									
Relationship	Parent	<input type="checkbox"/>	Guardian*	<input type="checkbox"/>	Family Member*	<input type="checkbox"/>					
Printed Name	Signature		Date								

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Section 4: Medical Consent Form

Travellers Details										
Title		Given Name		Family Name						
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth						

Non Prescribed Over the Counter Medication	
I/We the undersigned confirm that the tour participant may be administered Paracetamol for the treatment of minor ailments if required (dose as per packaging and used strictly as directed).	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>

Medical Treatment in the event of an EMERGENCY	
In the event of such an emergency requiring immediate medical attention, we the undersigned give permission for a legally qualified medical officer, registered to practice medicine in the country of the emergency to provide treatment, perform tests or administer medication to the tour participant.	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>

Medical Information provided	
I/We the undersigned confirm that the information provided in this application and booking form pertaining to the tour participant as completed in sections 2 & 3 of this form are true and correct and any contra-indications or concerns regarding administration of the medication and general health care have been detailed.	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>

Medical expenses acknowledgement	
I/We acknowledge and assume all financial responsibility for all expenses that may be incurred for the medical treatment, ambulance transport and medications.	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>

Completed by										
Name		Phone								
Relationship	Parent	<input type="checkbox"/>	Guardian*	<input type="checkbox"/>	Family Member*	<input type="checkbox"/>				
Printed Name	Signature			Date						

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Still & Moving Picture Release Form

Travellers Details					
Title		Given Name		Family Name	

Tour Information					
Tour Name		Departure Date			

Person Providing Authority					
Name					
Relationship	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Family <input type="checkbox"/>		
Residential					
Suburb		State		Postcode	
Home Phone		Mobile			
Email					

I, the above named / parent or guardian of the above named*, give my unreserved permission for all still and moving images taken or recorded by or on behalf of or made available to Pure Traveller of me/of _____ ("the Images") to be:

- used in any or all of the promotional and advertising material of Pure Traveller; and/or
- provided to any third party, including but not limited to media organisations, government bodies, not-for-profit organisations and Pure Traveller partners, for their use as they see fit.

The Images may be used in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form.

I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the Images.

If I wish to withdraw permission for Images to be used, I must so inform Pure Traveller in writing. I understand that if I so withdraw permission for the Images to be used, Pure Traveller will cease any future new publication or use of the Images, but for several years the Images may appear in printed and electronic material which has already been produced or disseminated.

(For Aboriginal and Torres Strait Islander people) I also understand that images of Aboriginal and Torres Strait Islanders may appear in printed and electronic material for several years. If I am an Aboriginal or Torres Strait Islander, Pure Traveller will take reasonable steps to prevent the Images from appearing on material published after my death. However, I understand and agree that, despite those efforts; the Images may still be published or disseminated.

I understand that Pure Traveller will make all reasonable efforts to ensure that any use of the Images by Pure Traveller or third parties complies with the Pure Traveller Photography Policy. The Photography Policy in summary states that Pure Traveller will:

- respect and protect those whose images are recorded in Pure Traveller photography;
- manage and use images owned by Pure Traveller appropriately; and

I understand that I have is no actionable right against Pure Traveller for any failure by either Pure Traveller or by any third party to comply with the Photography Policy or with the terms of this release form.

I have read, understood and agree to the conditions as supplied with this form:					
Printed Name	Signature	Date			
		D	D	M	M
				Y	Y



Code of Conduct for Johnny H Participants

Summary:

Johnny H Adventures are all about providing inclusive travel support that enables our clients to visit the world, participate in new experiences and most of all have fun! For travellers to get the most out of their travel, Participants are expected to understand and follow the code of conduct at all times, without exception.

The following code of conduct outlines the five principals that travellers must understand and follow including preparation, participation, safety and respect.

Preparation:

Participants are expected to have completed all preparation prior to the tour including, but not limited to:

- The submission of all forms and consents including the communication of any information that Tour Managers will need to make the trip run smoothly
- Have read and understood all information provided to them prior to departure
- Provided any relevant medical information, medicines (including appropriate transportation) and travel documentation
- Ensure that a current travel insurance policy covering the destination/s is paid and an insurance certificate has been provided to the Johnny H Reservations team prior to departure.
- Appropriate packing to include all requirements needed such as wet weather clothing, appropriate footwear etc

Participation:

- Travellers must be able to participate in the activities outlined in the itinerary.
- Anti-social behavior or ongoing issues such as anxiety will lead to the participant being removed from the tour to prevent an impact on other travellers.
- Mobile device use will be limited to specific times through the day. Specifically, mobile device use and social media access will not be available during group meal eating times, pre and post meal time will be allowed.
- Additionally, mobile device use after lights out must be limited to ensure that participants are well rested for the next days activities.

Safety:

Safety is the top priority on all tours. Travellers must listen to instructions by group leaders and staff and follow the rules of the place we are visiting. Repeated unsafe behaviour or an inability to follow instructions will lead to the participant being removed from the tour. All Johnny H Adventures are tobacco and alcohol free tours. If travelling overseas, participants must be able to follow the laws and regulations of that host country.

Respect

While on Johnny H Adventures we respect each other, are courteous, honest and trustworthy. We do not use offensive language, are respectful of our own and others property and do not discriminate against or exclude others. We are considerate when visiting venues with cultural and/or historical significance and behave in a respectful and appropriate manner that is not offensive to others or members of the general public. While on tour we observe appropriate dress and hygiene standards.

I have read, understood and agree to abide by the Johnny H Code of Conduct. I understand that failure to comply with the above standards of behavior could result in my/my wards removal from the tour and return home at my own cost.

Relationship	Parent	<input type="checkbox"/>	Guardian*	<input type="checkbox"/>	Family Member*	<input type="checkbox"/>			
Printed Name	Signature			Date					
				D	D	M	M	Y	Y

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