

ULTIMATE CHALLENGE - VOYAGE APPLICATION & 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: _____

3¹ EMERGENCY CONTACT (SHORE)

Mr Ms Mrs First Name: _____ Surname: _____

Relationship to participant: Mother Father Other: _____

Mobile (emergency): _____ Email (emergency): _____

3² DAILY CARE CONTACT

Do you have a daily care person? Y N

Is this person the same person as your emergency contact? Y N If you tick No, provide information below:

Mr Ms Mrs First Name: _____ Surname: _____

Relationship to participant: _____

Mobile (daily care): _____ Email (daily care): _____

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: _____

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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.

→ 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 6^e

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:		

6^e 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

7 PHYSICAL ABILITY

Your height: _____ Your weight (KG): _____

YOUR SWIMMING ABILITY:

I can't swim I can swim 50m I can swim over 50m

YOUR PHYSICAL IMPAIRMENT:

Provide a description if applicable

Artificial limbs

Joint replacement

Muscles paralysis/weakness

Stiff joints

Other:

ANTICIPATED DIFFICULTIES:

Provide a description if applicable

Balance

Climbing

Heights

Ladders & Stairs

Unstable surfaces

Other:

8 MEDICAL PRACTITIONER

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: _____

Your Medical Practitioner (above) must sign the declaration below in order for you to be eligible to join the Ultimate Challenge voyage.

The Ultimate Challenge voyage is an ocean-going adventure on the STS Leeuwin II. The weather and sea are not always predictable and rough weather together with unpredictable motion of the ship may be encountered. Any voyage on the STS Leeuwin II will naturally involve some physical exercise and can be mentally challenging. Participants are not compelled to climb the masts; however the main staircase from the main saloon to the deck is at least equivalent to one storey. In the event of an emergency a staircase may have to be used which is metal and steep (with handrails on one side). Shore excursions will not be a component of this voyage. There are a number of areas where participants are required to step over an obstacle of approximately 25cm high. This Ultimate Challenge voyage will have a doctor on board and the sailing takes place mostly in sheltered waters. 🐟 Please take these facts into consideration when you are confirming the fitness of your patient to participate on this the Ultimate Challenge Voyage. Should you have any questions, please do not hesitate to contact Leeuwin Ocean Adventure at 08 9430 4105 and if necessary you will be referred to an assisting Medical Officer.


Doctor's signature _____  Date: _____

9 TRAVEL ARRANGEMENTS

I understand that participants are responsible for their own transport to the ship prior to its departure, and from the ship following its arrival.

10 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: sailleeuwin.com/terms-and-conditions/  (conditions 1–6).

► I am paying in full:	Y	N	Fare due: \$ _____
►► My disability organisation is 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: _____

Leeuwin Ocean Adventure is proudly supported 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: _____

SAILING FOR ALL

Leeuwin Ocean Adventure delivers Australia's only tall ship personal development program for people with disability, through its annual Ultimate Challenge Voyage.

For over thirty years, Leeuwin Ocean Adventure through the Ultimate Challenge Voyage has offered people with an intellectual, physical or sensory challenge a life-building adventure which is a powerful source of cognitive and emotional stimulation, challenge and accomplishment. Outdoor Adventure Education makes a difference to lives, offering experiences beyond the status quo, encouraging new behaviours, strengthening self-esteem, self-confidence, and self-efficacy.

On board STS Leeuwin II for an Ultimate Challenge Voyage:

- Up to 24 people with intellectual, physical or sensory challenges
- Up to 16 participants learning to sail a tall ship who are willing to assist in making sure everyone on board achieves their potential
- 10 volunteers assisting with the smooth running of the voyage
- 5 permanent crew

All participants work as a team within their watch. Our experienced crew and volunteers collaborate with participants to be independent and involved as trainee crew members.

THIS VOYAGE IS OPEN TO PARTICIPANTS OF ALL AGES.

WHAT CARE IS PROVIDED ON BOARD?

Ultimate Challenge Voyages have a minimum participant to support participant ratio of 3:2 but some medical or physical conditions may require a 1:1 support ratio. Our permanent crew members are not included in this ratio and the doctor on board is also not included.

Support participants will assist in ensuring participants are engaged and that participation in the voyage program is to their level of ability and comfort. Support participants are there to assist in ensuring participants are following crews' instructions.

Watches (teams) will be made up of a mixture of participants and support participants. This also applies to cabin allocations.

Support participants are on hand to assist wherever help is needed (not only for one individual). Those participants requiring assistance in emergency situations will have a dedicated carer to assist them.

WHAT IS INVOLVED ON THE VOYAGE?

The voyage is a 4-night, 5-day adventure. The ship will stay in sheltered waters, generally anchor overnight and there will be no trips ashore. All operational aspects are determined by the Ship's Captain.

All participants will be placed into a watch and allocated a bunk. The watch will work together to achieve all the objectives set on board. All participants will be encouraged to engage in all on board activities including hauling on lines, taking the helm, galley (kitchen) duty, cleaning the ship, participating in night watches and setting sails.

Participants will be encouraged to take the opportunity to climb the bowsprit or masts. However, there is no requirement to participate in climbing activities. Some medical conditions may require an individual to be monitored before being approved to climb. This will be decided on an individual basis. As with all matters while the ship is at sea, the decision of the Ship's Captain is final.