

Mount Isa School Holiday Program Customer Details

Name: _____

Address: _____

Phone Number: (Mobile) _____ (Work) _____

Date of Birth: ____/____/____ **NDIS Number:** _____

Email: _____

Other contact in case of emergency:

Name: _____

Phone Number: (Mobile) _____ (Other) _____

Relationship to customer: _____

Other information:

Allergies: No Yes Cause: _____

Dietary requirements: _____

Medications:

Type	Time	Dosage	Route

Assistance with personal care: No Yes Details: _____

Mobility assistance: No Yes Details: _____

Assistance with Communication: No Yes Details: _____

Behaviour support required: No Yes

Description of Behaviour (e.g. swearing, absconding, hitting, spitting, biting etc):

Strategies to manage behaviour:

Likes: _____

Dislikes: _____

**Mount Isa School Holiday Program
Customer Details**

I, _____ agree to purchase _____ (number of days)
for _____ from my NDIS package to attend the Cootharinga
School Holiday Program.

Days of attendance

Name of customer: _____

will be attending the April 2019 School Holiday program on the following days:

WEEK 1 (Please tick)	✓	WEEK 2 (Please tick)	✓
Monday, 8 th April 2019		Monday, 15 TH April 2019	
Tuesday, 9 th April 2019		Tuesday, 16 TH April 2019	
Wednesday, 10 th April 2019		Wednesday, 17 th April 2019	
Thursday, 11 th April 2019		Thursday, 18 th April 2019	
Friday, 12 th April 2019		Public Holiday	

CONTACT:

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