

Participant Holiday Checklist (Internal Use only)

This form is only to be completed by staff with the participant after a holiday request form has been completed and approved by management, before organising a holiday with a participant a risk assessment form is also to be completed. It is then stored on the client file within our CRM.

Personal Details

Name of staff member completing form:	
Position:	
Date Form completed:	
Name of Participant:	
Participants Phone Number:	
Participant's Disability:	
Staff members name to accompany Participant:	
Employees Phone Number:	
Holiday destination:	
Are you aware/have you read the clients Support plan:	

Participant Holiday Checklist (Internal Use only)

Checklist

Tasks to be completed	Yes/No/NA	Details
Date and time of Departure		
Date and time of return		
Destination organised		
Mode of transport to and from holiday organised		
Mode of transport while on holiday organised		
Person responsible for payment of transport organised		
Travel Insurance booked (if required), Person responsible for payment		
Accommodation booked		
Tasks to be completed	Yes/No/NA	Details
Separate accommodation booked for participant and staff		
Person responsible for accommodation cost		
Meals for staff to be supplied by participant?		
Activities organised for holiday		
Person responsible for payment of activities		
Emergency plan organised		
Risk assessment completed and forwarded to Morwell office		
NOK emergency contact details		

Participant Holiday Checklist (Internal Use only)

Agreement Signatures All parties agree to the information provided on this checklist

Signature of participant/participants
representative

Name of participant/participant
representative

Date

Signature of Employee

Name of Employee

Date

Signature of authorised person from
Headway Gippsland Inc.

Name of authorised person from
Headway Gippsland Inc.

Date