



ENROLMENT FORM - BRAMARE

P.O. Box 1191, Bendigo Central, Vic 3552
Bookings: (03) 5444 1184
Email: otisbookings@bigpond.com

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

_____ POST CODE: _____ PHONE: _____

EMAIL: _____

Name of Accompanying Person: _____

Address: _____ Phone: _____

Person to contact in case of emergency

Next of Kin or Person(s) to contact: _____

_____ Phone: _____

Name of Doctor: _____ Phone: _____

Declaration (Must be completed and signed by the applicant)

I the undersigned hereby apply to stay at the Otis units for a period of rest and relaxation.

In making this application I acknowledge:

1. That the Otis units are a not-for-profit organisation which provides accommodation for people with breast cancer to provide rest and relaxation
2. That the Otis Units are situated in a semi-rural/bushland setting approximately 10 kilometres from the centre of Bendigo, Victoria.

3. That the Otis Foundation as owners of the units provides accommodation only. During my stay at the Otis Units I shall be responsible for the provision of all my other needs including but not limited to food and medical needs including any emergency care. The Otis Foundation does not provide any residential staff. The only persons on site will be the guests.

4. That it is the recommendation of the Otis Foundation that I have a friend or family member who is capable of assisting me with my care stay at the Units with me and that person be capable of caring for me during any medical emergency.

5. As the units are situated in a semi-rural bush setting, the property consists of unmade paths and that if I am experiencing difficulty in walking it is the recommendation of the Otis Foundation that it is best to remain within the unit and the sealed concrete areas of the property

6. Also, because the Units are situated in a semi-rural/bush setting I am aware that the area has many native animals, including snakes and that I should be careful to avoid snakes whilst on the property.

7. I understand that there is no public transport available from the units and that during my stay at the units I will be responsible for any transport I may require.

8. That the provision of services by the Otis Foundation is limited to the provision of accommodation and specifically the Otis Foundation does not provide any medical assistance or treatment.

9. That in the event of any medical emergency I shall be solely responsible for my own care and that the Otis Foundation is not responsible to for providing any medical treatment or any other assistance in a medical emergency. However if any employee, servant or agent of the Otis Foundation is present during a medical emergency for me I authorise the said employees, servants or agents of The OTIS Foundation to assist in providing such medical assistance, including the calling of ambulance, as may be determined by them and agree to meet any expenses incurred therein.

10. I have discussed with my treating doctor/Health Care Professional my intention to apply to stay at the Otis Units and that my doctor/Health Care Professional has confirmed by signing this form that it is appropriate and safe for me to stay in this setting.

11. I the undersigned signify my approval of this application and in so doing, hereby agree that the Otis Foundation its employees, servants and agents shall not be liable for any loss or injury sustained by me during or arising out of my accommodation at the Otis Units including any loss or injury arising out of any accident or illness occurring at the units or any other loss or injury of whatsoever nature or kind.

Applicant Signature: _____ Date: _____

Accompanying Person Signature: _____ Date: _____

Doctor's Acknowledgement

I Confirm that _____ is in my opinion well enough to stay at Bramare.

Referring Doctor Signature or Health Care Professional recommending visit:

_____ Date: _____