



ENROLMENT FORM – “Shack 14” Chewton

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 Chewton retreat for a period of rest and relaxation.

In making this application I acknowledge:-

1. That the Otis Foundation is a not-for-profit organisation which provides accommodation for people with breast cancer for rest and relaxation
2. That the Otis Chewton facility is situated just outside a small country town, in a natural environment which brings with it the usual hazards associated with the Australian bush.

3. That access to the property is via a rough bush track and access to the house is via a small flight of steep stairs. I accept that there is no landline telephone and mobile telephone access is limited.

5. That the Otis Foundation provides accommodation only. During my stay at Chewton 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 resident staff. The only persons on site will be the guests.

6. That it is a requirement of the Otis Foundation that I have a friend or family member who is capable of assisting me with my care, stay at Chewton with me and that person be capable of caring for me and also securing assistance for me in any medical emergency.

7. I agree not to have children at the Otis Foundation's Chewton property under any circumstances.

8. I understand that there is no public transport available to or from Chewton and that during my stay at the Chewton house I will be responsible for any transport I may require.

9. 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. There is none available at Chewton and the nearest hospital is at Castlemaine.

10. 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.

11. I have discussed with my treating Doctor/Health Care Professional my intention to apply to stay at Chewton 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.

12. 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 Chewton.

Referring Doctor Signature or Health care Professional recommending visit:

_____ Date: _____