



## ENROLMENT FORM - Towong

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 Towong 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 Towong house is situated in a small country town and facilities are limited.
3. That the Otis Foundation provides accommodation only. During my stay at Towong 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 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 Towong with me and that person be capable of caring for me and also securing assistance for me in any medical emergency.

5. The area surrounding Towong can be steep and rough underfoot and I should take care when outside the house. Inside the house there is a set of open stairs between the living and bedroom areas and this may be difficult for very young children.

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

7. 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 Towong and the nearest GP is at Corryong.

8. 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.

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

10. 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 and Accompanying Persons' Acknowledgement**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accompanying Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Doctor's Acknowledgement**

I Confirm that \_\_\_\_\_ is in my opinion well enough to stay at Towong.

Referring Doctor Signature or Health Care Professional recommending visit:

\_\_\_\_\_ Date: \_\_\_\_\_