



## ENROLMENT FORM – VENTNOR BEACH RETREAT

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 Ventnor Beach 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 to provide rest and relaxation
2. That the Ventnor Beach Retreat is situated in a setting close to the Ventnor beach on Phillip Island.
3. That the Otis Foundation provides accommodation only. During my stay at the Retreat 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 Retreat with me and that person be capable of caring for me during any medical emergency.

5. The retreat is situated in an area which consists of unmade paths and roads and the house has no fenced boundaries.

6. I understand that there is no public transport available from the retreat and that during my stay there 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.

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 the Ventnor Beach Retreat 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 Ventnor Beach Retreat including any loss or injury arising out of any accident or illness occurring at the retreat 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 Ventnor Beach Retreat.

Referring Doctor Signature or Health Care Professional recommending visit:

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