



Expression of Interest - Chill Out Saturdays 6-9pm @56 Cockburn Rd

This program is for independent unsupported participants.

Participant details:

Name: _____

Address: _____ Email: _____

Age: _____ Disability: _____

Primary contact name and phone: _____

The information provided by you will be kept confidential by Community Living Association and will be used for grant acquittal and program reporting purposes only.

Do you require transport? *We have limited availability bookings essential.* YES NO

Evaluation

Do you currently attend any social weekends activities? YES NO

If yes where? _____

Is this your first time attending CLA's Centre for Excellence? YES NO

What do you expect to gain out of attending Chill Out Weekends?

What other programs would you be interested in?

Image Use

I hereby give CLA permission to use photographs featuring me, taken during this project, for promotional on web, Facebook, print, archival and grant acquittal purposes. YES NO

Declaration:

I the applicant, declare the above information is correct in all respects at the time of the lodgment and that I am over 18 years.

Non CLA participants require to be pre-approved before attending, and a Disability Support Pension Card (DSP) is required.

Participants must also present a COVID-19 vaccination certificate as per the State Government Public Health order.

Participant name: _____

Signature: _____

Office use: DSP, Vacc. Cert. received, please tick. Approved to attend YES NO

NOTE: Please return this form to CLA, 56 Cockburn Road Albany, WA 6333. Places are limited.