



Opening Doors Charitable Trust  
Tatau Tūwhera

# CLUB 45

SUPPORTING PEOPLE WITH DISABILITIES

## REGISTRATION OF INTEREST

### WHO ARE WE?

- OPENING DOORS CHARITABLE TRUST (TATAU TUWHERA) HAS DESIGNED CLUB 45 FOR ADULTS WITH AN INTELLECTUAL OR SENSORY DISABILITY, WHO ARE MOTIVATED, WANT TO MAKE FREINDS AND SOCIALISE IN A SUPPORTIVE ENVIRONMENT.
- WE AIM TO PROVIDE A SAFE SPACE FOR MEMBERS TO ENJOY THE COMPANY OF THEIR PEERS AND CREATE OPPORTUNITIES.

### GENERAL INFORMATION:

- ◆ OWN TRANSPORT TO AND FROM THE CLUB
- ◆ TEA & COFFEE SUPPLIED. PLEASE BRING YOUR OWN KAI

### CONTACT DETAILS

A: 45 PERERIKA STREET  
 ROTORUA  
 E: [openingdoors45@gmail.com](mailto:openingdoors45@gmail.com)  
 M: P O BOX 5072, ROTORUA WEST,  
 3044

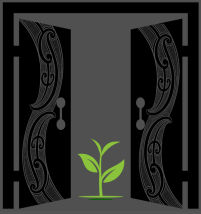
### CLUB INFORMATION:

MEMBERSHIP	COST
6 MONTHS	\$92.00 (GST INCL)
12 MONTHS	\$138.00 (GST INCL)
DAY PRICE	\$15 (GST INCL) CLUB 45 IS OPEN MON - FRI BETWEEN 9AM- 3PM

- ◆ MEMBERSHIP FEES TO BE PAID ON COMPLETION OF THE REGISTRATION PROCESS
- ◆ OPEN DOOR POLICY  
MON - FRI, 9AM - 3PM

### CLUB MEMBERS PROFILE:

- ◆ INTELLECTUAL OR SENSORY DISABILITY (HIGH NEEDS)
- ◆ FULLY INDEPENDENT WITH SELF-CARE, INCLUDING TOILETING AND FEEDING
- ◆ OVER THE AGE OF 18
- ◆ NO LONGER ATTENDING SCHOOL
- ◆ MOTIVATED TO PARTICIPATE AND ENGAGE
- ◆ SELF-MANAGEMENT SKILLS AND RELATES WELL TO OTHERS



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## STEP 1. - REGISTER YOUR INTEREST

- COMPLETE THE REGISTRATION FORM
- RETURN THIS FORM AND THE REGISTRATION FORM EITHER IN PERSON, BY POST TO P O BOX 5072, ROTORUA WEST, 3044 OR EMAIL TO [openingdoors45@gmail.com](mailto:openingdoors45@gmail.com)

## STEP 2.

WE WILL CONTACT YOU TO MAKE AN APPOINTMENT TO:

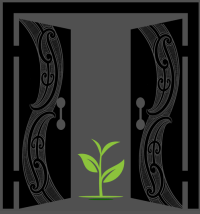
- ◆ DISCUSS THE ENROLMENT / MEMBERSHIP
- ◆ ANSWER ANY QUESTIONS
- ◆ ADDRESS ANY CONCERNS
- ◆ GO OVER THE TERMS & CONDITIONS

## STEP 3.

- ◆ ONCE YOUR MEMBERSHIP HAS BEEN CONFIRMED PAYMENT OF THE MEMBERSHIP FEE IS REQUIRED, PRIOR TO STARTING.
- ◆ YOU WILL BE INVOICED MONTHLY FOR THE NUMBER OF DAYS ATTENDED.

A: 45 PERIRIKA STREET

E: [openingdoors45@gmail.com](mailto:openingdoors45@gmail.com)



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## Registration of Interest Form

DATE OF REGISTRATION

### APPLICANTS PERSONAL DETAILS

/   /

Full Name :

Address:

Phone Number :  Email :

Gender :  Male  Female Date of Birth   /   /

### APPLICANTS FULLTIME CARER DETAILS

Full Name :

Relationship to Applicant :

Phone Number :  Email for invoicing :

### APPLICANTS NEXT OF KIN DETAILS

Full Name;

Relationship to Applicant :

Phone Number :  Email :

### TIMETABLE SELECTION

PLEASE SELECT THE DAY AND TIME SLOTS YOU WISH TO SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
APPROX. TIMES					

### HOBBIES & INTERESTS:

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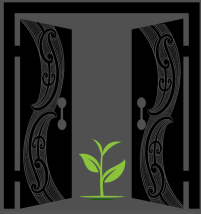
A : 45 Peririka Street, Rotorua

Registration Number

Coordinator Signature

E : openingdoors45@gmail.com

THANK YOU FOR REGISTRATION



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## Terms and Conditions

### ELIGIBILITY

Enrolment is available for individuals with intellectual or sensory disabilities (high needs) who meet the following criteria: fully independent with self-care (including toileting and feeding), over the age of 18, no longer attending school, motivated to participate and engage, possessing self-management skills, and able to relate well to others.

### ENROLMENT PROCESS

- Completion of a registration form and timetable selection.
- Attended an appointment with the coordinator

### HEALTH AND SAFETY

- A trained first aider will be on site at all times
- Emergency procedures will be clearly communicated.
- The facility is equipped with necessary safety and accessibility features.
- Any medical conditions or requirements must be disclosed at the time of enrolment and the co-ordinator kept updated.

### PARENTAL/GUARDIAN INVOLVEMENT

- Active communication between guardians and staff is encouraged for the well-being of the club member and club activities.

### BEHAVIOUR MANAGEMENT

- Any behavioural issues or conflicts with members will be addressed appropriately and mediated with guardians and member(s) and staff

### ATTENDANCE

- Please inform the coordinator or staff of any absences

### FEES AND PAYMENTS

- Membership fees to be paid prior to attending Club 45
- Attendance fees will be invoiced monthly
- If you have any difficulties with payments please feel free to discuss this with the coordinator.

### WITHDRAWAL AND TERMINATION

- If for whatever reason you wish to withdraw from Club 45 please advise the coordinator
- We reserve the right to terminate the membership if individual needs cannot be adequately met, if terms and conditions are not adhered to, or there are safety concerns.

### FACEBOOK

- I consent / do not consent to photos of \_\_\_\_\_ being posted on Club 45 facebook page.

### CONFIDENTIALITY

- All personal and medical information will be kept confidential and shared only with necessary staff and professionals involved in the individual's care.

A: 45 Peririka Street, Rotorua

E: openingdoors45@gmail.com

\_\_\_\_\_  
Coordinator & Caregiver  
Signature

\_\_\_\_\_  
Date Signed



# CLUB 45

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# MEDICAL FORM

## PERSONAL INFORMATION

Full Name :   
 (PLEASE USE CAPITAL)  
 Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female  
 Address : \_\_\_\_\_  
 Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_  
 Doctors Name : \_\_\_\_\_ Phone Number : \_\_\_\_\_  
 : \_\_\_\_\_  
 Name of Medical Centre \_\_\_\_\_  
 Medical Centre Address: \_\_\_\_\_  
 \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Home Number : \_\_\_\_\_  
 Relationship : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

## MEDICAL CONDITIONS / MEDICATIONS

LIST ANY MEDICAL CONDITIONS AND DETAILS OF MEDICATIONS (time, how often, how many etc)

## ALLERGIES: FOOD, DRUGS, OTHER & TREATMENT OR RESPONSE

: \_\_\_\_\_ :

In the case of an emergency I authorize the staff of Club 45 to call an ambulance and or seek relevant medical attention for

: \_\_\_\_\_ :

Guardian/ Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_