



POOL ENTRY

HEALTH CARE PROVIDER

PROVIDER DETAILS

Business Name:	<input type="text"/>		
ABN:	<input type="text"/>		
Business Address	<input type="text"/>		
	Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Contact Details	Name	<input type="text"/>	
	Mobile	<input type="text"/>	Registration No.: <input type="text"/>
	Email	<input type="text"/>	

I, the above-name health care provider, seek entry (non-exclusive use) to the Plantation Aquatic Centre (to the Indoor Heated Pool) with a client(s) of my business, for the purposes of conducting hydrotherapy of aquatic exercise sessions.

TERMS & CONDITIONS

Our General Terms and Conditions (refer to the QR code below) apply to all person who access our facility. Our facility also has rules and policy in respect to behaviour that must be observed. You agree to follow directions of staff whilst in our facility. We reserve our right to refuse entry, or require a person to leave the premises without providing a reason.

ENTRY FEES

Entry fee are payable prior to entry:

- \$10.00 (includes health care worker, plus one person)
- \$6.00 for each additional person

Please note that we work on a no payment, no entry system



Entrance is subject to our Terms and Condition available on our website or by using the QR code above.

PARTICIPANT SUPERVISION

You agree to:

- **Constantly** and **actively supervisor** your participant when in or near the water
- You will immediately notify staff if any incident occurs or when first aid or assistance is required
- You acknowledge and will follow the Emergency Action Plan outlined overleaf

FIRST AID

- The Health Care provider will maintain a Cardiopulmonary Resuscitation Certification (HLTAID009) and First Aid certificate (HLTAID011) and will assist renders first aid to your clients.
- You will notify staff (on each occasion of entry) if any of you client has any medical condition that staff need to be aware
- You authorise staff to administer first aid and/or organise medical/hospital treatment as our staff see necessary at my expense.

I agree to those conditions outlined above:

Signature: _____  Date: ____ / ____ / 20____



ROYAL LIFE SAVING
QUEENSLAND

The Plantation Aquatic Centre
enquiries@plantationaquatics.com.au
(07) 3823 5756
1204 New Cleveland Road, Gumdale 4154
www.plantationaquatics.com.au



STAFF CHECKLIST

- | | | |
|---|---|---|
| <input type="checkbox"/> Fees Explained | <input type="checkbox"/> Medical Conditions | <input type="checkbox"/> Provider Details Checked |
| <input type="checkbox"/> EAP Explained | <input type="checkbox"/> Qualifications | <input type="checkbox"/> ABN Lookup |

Staff Initials & Date

_____ / ____ / 20____

EMERGENCY ACTION PLAN

