**Same wave - about me form**

**Tell us about your participant.**

**Please contact Mark Morelli on 04010 140043 or email mark@commercialadvisory.com.au if you have any queries regarding the program.**

|  |  |
| --- | --- |
| Participant Name |  |
| Participant Date of Birth |  |
| Parent/ Guardian Name |  |
| Parent/ Guardian Email |  |
| Parent/ Guardian Phone Number |  |

**Please attach a photo of your participant.**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick the appropriate box. | **YES** | **NO** | |
| Has your participant completed their renewal or online membership to Port Elliot SLSC? (https://members.sls.com.au) |  | |  |
| Does your participant have a current working with children certificate? |  | |  |
| If you answered no to the above, please confirm that the participant does not have offences relating to working with children |  | |  |
| Please also confirm that any parent or guardian attending the program has a valid working with children certificate and will supervise the participant throughout the program and particularly before and after activities in the change-rooms. |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The participant’s condition is: | | | | |
|  | | | | |
| How it affects the participant: | | | | |
|  | | | | |
| The participant is good at: | | | | |
|  | | | | |
| The participant is not good at: | | | | |
|  | | | | |
| The participant likes: | | | | |
|  | | | | |
| The participant dislikes: | | | | |
|  | | | | |
| The participant becomes scared when: | | | | |
|  | | | | |
| The participant becomes upset when: | | | | |
|  | | | | |
|  | | | | |
| What calms the participant: | | | | |
|  | | | | |
| You can help the participant understand by: | | | | |
|  | | | | |
| The participant does their best when: | | | | |
|  | | | | |
| The participant is happiest when: | | | | |
|  | | | | |
| The participant likes to be praised or rewarded by: | | | | |
|  | | | | |
| What motivates the participant: | | | | |
|  | | | | |
| When the participant is upset they need: | | | | |
|  | | | | |
| The participant is sensitive to noise/sound: (Please circle the appropriate response) | | | **YES** | **NO** |
| **The participants verbal communication is: (Please circle all that apply to your participant)** | | | | |
| Very chatty | Will talk all day long | Somewhat chatty | | |
| Can tell you what they are feeling | Somewhat quiet | Can struggle with telling you how they feel | | |
| Can say some words | Very quiet | Doesn’t speak | | |

**Swimming and Water Abilities**

This section is to help our lifesavers understand your participant’s water confidence and ability.

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick the appropriate box. | **YES** | **NO** | |
| Does your participant like the water? |  | |  |
| Can your participant swim? |  | |  |
| Can your participant confidently hold onto a floating object (pool noodle)? |  | |  |
| Can your participant float on their back? |  | |  |
| Can your participant put their face in the water? |  | |  |
| Can your participant wear a lifejacket? (It will hug their body tightly) |  | |  |
| Can your participant doggy paddle? |  | |  |

**Please note that by joining as a member you are consenting use of images for use in social media and advertising for the Port Elliot Surf Life Saving Club. If you do not wish to share these images, please contact the surf club to complete a photo non consent form.**