



Delivering  
Inclusive  
Programs  
for all

# Welcome to Adapt Mechanix



# Inclusive Program Enrolment Form

## Program Information

Type of Program:  Learn to Swim  Aquatic Safety

Funding being used (if applicable):

- Self Funded  
 Plan Assisted  
 Plan Funded  
 Gov Dept Funded (DCP, etc.)

## Participant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Treatment for Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Physical restrictions: \_\_\_\_\_

\_\_\_\_\_

Reported seizure activity?      **NO**              **YES**    - If **YES** - please provide a seizure management form from your specialist/physician.

## Parent/Guardian 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Guardian 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Consent

Do you consent to photographs of \_\_\_\_\_ being taken for social media/website/internet content?

I, \_\_\_\_\_ the Legal Guardian of \_\_\_\_\_ provide permission for the photographic, video, audio, or any other form of electronic recording of \_\_\_\_\_ for the purposes of training, marketing, publicity, and media for Swim Mechanix Australia Pty Ltd.

I acknowledge that ownership of any image/recording will be retained by the Company and I understand that I do not have any interest in copyright to the images/recordings, nor am I entitled to remuneration or compensation.

I understand that if I wish to withdraw this authorisation, it is my responsibility to inform the Company in writing by emailing Admin@swimmechanix.com.au.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I consent to \_\_\_\_\_ aquatic sessions data being used as part of a research study.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Previous Water Skills and Experiences

What would your swimmer do if they **saw** a body of water?

What would your swimmer do if they **fell** into a body of water?

Has your swimmer has lessons before?  
Parent & child,  
independent group or 1:1?

What types of water does your swimmer like?  
Bath, shower, pool, ocean,  
lake?

What does your swimmer love?

What can we use to help motivate your swimmer?

## Aquatic Safety & Swimming Skills Goals

Aquatic Safety:  
Short term goals

Aquatic Safety:  
Long term goals

Aquatic Safety:  
Goals outlined by funding  
body (if applicable)

Swimming Skills:  
Short term goals

Swimming Skills:  
Long term goals

Swimming Skills:  
Goals outlined by funding  
body (if applicable)

## Additional Information

Therapists details (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Behaviour support needs

Behaviour                      Where & when does this usually occur?                      How frequently does this behaviour occur? Hourly/Daily/Weekly/Monthly

Behaviour	Where & when does this usually occur?	How frequently does this behaviour occur? Hourly/Daily/Weekly/Monthly

What strategies can we use to help to support these behaviours?  
Attach additional info if required.



## Communication Information

Expressive (please select all that apply)

- |              |                          |                               |                          |
|--------------|--------------------------|-------------------------------|--------------------------|
| Spoken words | <input type="checkbox"/> | Sign (BSL, Auslan, KWS, etc.) | <input type="checkbox"/> |
| PECS         | <input type="checkbox"/> | Communication App             | <input type="checkbox"/> |
| Other        | <input type="checkbox"/> | Communication Board/Sheet     | <input type="checkbox"/> |

Please specify: \_\_\_\_\_

Receptive (please select all that apply)

- |              |                          |                               |                          |
|--------------|--------------------------|-------------------------------|--------------------------|
| Spoken words | <input type="checkbox"/> | Sign (BSL, Auslan, KWS, etc.) | <input type="checkbox"/> |
| PECS         | <input type="checkbox"/> | Communication App             | <input type="checkbox"/> |
| Other        | <input type="checkbox"/> | Communication Board/Sheet     | <input type="checkbox"/> |

Please specify: \_\_\_\_\_

Please provide any additional information on communication, e.g. additional processing time, echolalia, words to avoid, etc.



## Sensory support needs

Sensory averse - is there anything in the aquatic environment that your swimmer is likely to find aversive and try to avoid?

(Please select all that apply)

- |                 |                          |                      |                          |
|-----------------|--------------------------|----------------------|--------------------------|
| Bright lights   | <input type="checkbox"/> | Being touched        | <input type="checkbox"/> |
| Loud noises     | <input type="checkbox"/> | Chlorine Smell       | <input type="checkbox"/> |
| Splashing water | <input type="checkbox"/> | Being underwater     | <input type="checkbox"/> |
| Wearing goggles | <input type="checkbox"/> | Wearing swimming cap | <input type="checkbox"/> |

Other (please specify): \_\_\_\_\_

Sensory seeking - is there anything in the aquatic environment that your swimmer is likely to find enticing and try to seek out?

(Please select all that apply)

- |                          |                          |                  |                          |
|--------------------------|--------------------------|------------------|--------------------------|
| Swallowing/gulping water | <input type="checkbox"/> | Seeking touch    | <input type="checkbox"/> |
| Making loud noises       | <input type="checkbox"/> | Bright lights    | <input type="checkbox"/> |
| Jumping into water       | <input type="checkbox"/> | Being underwater | <input type="checkbox"/> |
| Pushing activities       | <input type="checkbox"/> | Spitting water   | <input type="checkbox"/> |

Other (please specify): \_\_\_\_\_