

Application for Membership v1.0

Name: _____

Address: _____ **Post Code:** _____

Telephone Number: _____ **Date of Birth:** ____/____/____

I wish to apply for membership to Beyond Blindness and I qualify for membership as one of the following (Please provide copy of documentation)

- I receive a Disability Support or Aged Pension / Blind
- I hold a Travel Pass for a Person with Vision Impairment (South Australia)
- I hold a report from a legally qualified ophthalmic specialist which evidences that I am legally blind
- I am legally blind within the terms of a statute of the Government of Australia
- I have been a resident in S.A for at least 12 months
- I give consent to use my image for publicity purposes

I request that any information provided to me by Beyond Blindness be provided in:

Print **Email** **CD** Email address

Attached is my life membership fee payment of \$10.00

Signature: **Date:**/...../.....

Referral agency Guide Dogs RSB Other: _____

Name: _____ Position: _____ Contact No: _____

Membership Approved: Yes No

Pension Number: **Transport Pass Number:**

NDIS Number:

Member Services Coordinator: **Date:**/...../.....

Risk Assessment Prior to Home Visit

To be completed **prior** to initial BB assessment appointment taking place. The following questions can be asked of the referral source and / or applicant.

Risk Factor	Comment	Level of Risk*
1. Has the applicant provided informed consent for this referral?	The applicant must provide informed consent.	N/A
2. History of violence	Yes / No	
3. Substance abuse	Yes / No	
4. Psychiatric illness	Yes / No	
5. Aggressive behaviours	Yes / No	
6. Is there anything at the premises that might be a potential risk?	Yes / No	
7. Are there any other people expected to be present at the time of the visit?	Yes / No	
8. Are special directions needed to get to the address/home?	Yes / No	
9. Are the premises easily accessible and visible from the street?	Yes / No	
10. Are there any animals on the premises.	Yes / No If yes, are they able to be restrained / removed for the visit?	
11. Does the applicant or other in the household smoke? –	Yes / No. If yes, are they able to not smoke during the visit?	

For Office Use Only

Level of Risk - Unknown, Highly unlikely, Very likely, Likely, Unlikely.

Where the level of risk is assessed as 'Very Likely' or 'Likely', it is recommended that the Manager be advised and more than one staff member attend the appointment. The BB staff member may attend the appointment with another BB staff member, referral source or other allied worker.

Recommendation: BB Member attend alone / with another BB staff / with allied worker.

Comments: