

ENROLMENT FORM

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Use this form if you are re-enrolling in Chill programs

WELCOME

There are 3 simple steps to enrol in any of the Chill programs:

Step 1. Complete, sign, scan and email your enrolment form to
to Enrolments manager, Melanie Sanchez at melanie.sanchez@codeblueforautism.com.au

Step 2. Service agreement & invoice

On receipt of your enrolment form you will be contacted to confirm availability of your program choices. An invoice and service agreement will be generated and emailed to you. At this stage you are allocated a temporary place.

Step 4. Confirmation of your place in the program

On receipt of payment your place in the program/s is secured. **If payment is not received by the due date on your invoice then the place will be made available to other applicants.**

Code Blue will not pursue payments that have not been received by the due date.

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Once you have checked all of the details on this form please sign and email back to Enrolments Manager, melanie.sanchez@codeblueforautism.com.au



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CHILL PROGRAMS 2021

Please tick the **program/s** and **term** you are enrolling in (below) and your preferred workshop times.

Please note that your preferred times may not be available.



- ☐ **TERM 1:** 25 January – 3 April 2021
- ☐ **TERM 2:** 19 April – 26 June 2021
- ☐ **TERM 3:** 12 July – 18 September 2021
- ☐ **TERM 4:** 4 October to 11 December 2021

***Please select preferred workshop:**

- ☐ **Mondays 10:00am – 12:30pm (preferred workshop if available) OR**
- ☐ **Mondays 3:30pm – 6:00pm (preferred workshop if available) OR**
- ☐ **Tuesdays 3:30pm – 6:00pm (preferred workshop if available)**



- ☐ **TERM 1:** 25 January – 3 April 2021
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- ☐ **TERM 3:** 12 July – 18 September 2021
- ☐ **TERM 4:** 4 October to 11 December 2021

Mondays 3:00pm – 4:30pm



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- ☐ **TERM 4:** 4 October to 11 December 2021

Tuesdays 10:00am – 12:30pm

***Please select support option:**

- ☐ **1:1 mentor support in your home (limited availability)**
- ☐ **1:3 mentor support via Zoom online**



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- ☐ **TERM 4:** 4 October to 11 December 2021

***Please select preferred workshop:**

- ☐ **Tuesdays 10:00am - 12:30pm (preferred workshop if available) OR**
- ☐ **Tuesdays 3:30pm - 6:00pm (preferred workshop if available)**

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- ☐ **SEMESTER 1:** 25 January – 26 June 2021 (Waitlist available only)
- ☐ **SEMESTER 2:** 12 July – 11 December 2021
Wednesdays 9:00am – 11:30am



- ☐ **TERM 1:** 25 January – 3 April 2021
- ☐ **TERM 2:** 19 April – 26 June 2021
- ☐ **TERM 3:** 12 July – 18 September 2021
- ☐ **TERM 4:** 4 October to 11 December 2021

**Please select preferred workshop:*

- ☐ Wednesdays 12:30pm – 3:00pm (preferred workshop if available) OR
- ☐ Wednesdays 3:30pm – 6:00pm (preferred workshop if available) OR
- ☐ Thursdays 10:00am – 12:30pm (preferred workshop if available) OR
- ☐ Thursdays 3:30pm – 6:00pm (preferred workshop if available)



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- ☐ **TERM 4:** 4 October to 11 December 2021

Thursdays 10:00am – 11:30am



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- ☐ **TERM 2:** 19 April – 26 June 2021
- ☐ **TERM 3:** 12 July – 18 September 2021
- ☐ **TERM 4:** 4 October to 11 December 2021

Fridays 10:00am – 12:30pm

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- ☐ **TERM 1:** 25 January – 3 April 2021
 - ☐ **TERM 2:** 19 April – 26 June 2021
 - ☐ **TERM 3:** 12 July – 18 September 2021
 - ☐ **TERM 4:** 4 October to 11 December 2021
- Fridays 2:00pm – 4:30pm**



- ☐ **TERM 1:** 25 January – 3 April 2021
 - ☐ **TERM 2:** 19 April – 26 June 2021
 - ☐ **TERM 3:** 12 July – 18 September 2021
 - ☐ **TERM 4:** 4 October to 11 December 2021
- Saturdays 10:00am – 11:30am**



- ☐ **SEMESTER 1:** 25 January – 26 June 2021
 - ☐ **SEMESTER 2:** 12 July – 11 December 2021
- *Please select preferred workshop:**
- ☐ **Mondays 10:00am - 12:30pm (preferred workshop if available) OR**
 - ☐ **Mondays 3:30pm - 6:00pm (preferred workshop if available)**

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PARTICIPANT DETAILS

You are required to complete this section fully even if you have completed it in previous terms

Surname: First Name:

Preferred Name (if any): Date of Birth:/...../.....

Gender: ☐ Male ☐ Female ☐ Other If other, please indicate preferred pronouns:

Residential Address: Post Code:

Mobile: Home:

Email:

PARENT / CARER

Surname: First Name:

Address (if different from above): Post Code:

Mobile: Home:

Email:

Do you wish email communication to be sent to both you AND your young adult?

☐ Yes ☐ No

EMERGENCY CONTACT PERSON

(Please nominate alternative contact to parent/carer)

Surname: Given Names: Mobile:

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Have you been referred to the Chill program/s from a healthcare professional or disability service provider?

☐ Yes ☐ No

If YES, please provide details below:

Name:

Organisation:

Email address:

Phone:

MEDICAL INFORMATION

You are required to complete this section FULLY even if you have completed it in previous terms

Is the participant currently on any medication? (please tick) ☐ Yes ☐ No

If YES, please list current medications you are taking:

Medication	Dosage	Frequency

Do you have any allergies? ☐ Yes ☐ No

If YES, please list:

.....

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YOUR NDIS PLAN

Code Blue for Autism is a registered provider with the NDIS (National Disability Insurance Scheme). Code Blue for Autism's NDIS provider registration number is: **405 000 321 11**

Chill programs are registered under the following support categories:

0125 Participate Community

0117 Development Life Skills

0115 Daily Tasks / Shared Living

0106 Assist-Life Stage, Transition

Do you have an approved NDIS plan? ☐ Yes ☐ No

If NO, please move onto **page 7** *Terms & Conditions*

What is your NDIS number?

Start date of your NDIS plan? **End date** of your NDIS plan?

Please provide the goals as outlined in your NDIS plan:

Goal (1)
.....

Goal (2)
.....

Goal (3)
.....

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Please tick the box that describes your NDIS plan?

- ☐ Self-managed
- ☐ Plan-managed (you have engaged someone to manage your invoices & payments of services)
- ☐ NDIA-managed (Agency-managed)

Plan Manager

If your NDIS plan is **plan managed**, please provide the following details:

Name of Plan Management Organisation:

Plan manager's name

Email:

Phone:

NDIS Local Area Coordinator (LAC)

Please provide the following details about your **NDIS LAC**:

Name:

Carers Qld Branch:

Email:

Support Coordinator

If you **have a support coordinator**, please provide the following details:

Support Coordinator (organisation):

Support Coordinator (contact name):

Email: Phone:

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TERMS AND CONDITIONS

1. REQUIREMENTS

These are the minimal requirements for participation in the Chill Program:

Self-Management

Participants must be able to attend to basic self-care to include dressing and toileting.

Behaviour

Participants must be able to self-regulate emotions and behaviours in a group setting.

Communication

Participants must be able to express needs and understand instructions.

Ability to Follow Program Rules

Participants must be prepared to follow some basic rules whilst engaged in the Chill Program. These include: no use of mobiles during the workshops and showing respect to all fellow participants.

Participation

Participants **must** be willing to “have a go” and actively participate in the program. Participation is crucial for skill acquisition and improvement. Non-participation significantly affects group dynamics and is a mandatory requirement that each enrolled individual participate to the best of their ability. The CEO of Code Blue for Autism has the right to withdraw an individual from the program due to non-participation. In this instance the program fee is non-refundable.

2. YOUR EXPECTATIONS

The purpose of all of the Chill programs is to:

- Help young adults learn how to develop and maintain friendships and relationships, and handle peer conflict and rejection.
- ☐ Teach ecologically valid social skills that are used by socially successful adults.
- ☐ Help young adults to find a source of friends.
- ☐ Provide young adults with peer support through social coaching.
- ☐ Ultimately help young adults foster independence in social relationships.

Please note: Chill is not an autism support group or a friendship-matching group.

In order to maximize optimal outcomes from the Chill program, the participant must:

- ☐ Attend every session on time.
- ☐ Actively engage in all workshop activities.
- ☐ Practise / generalize the newly learnt skills outside of the program setting.

Code Blue for Autism has the right to withdraw a participant from any of the Chill programs should the participant not be able to meet the minimal requirements when engaged in a workshop. In this instance the total program fee is non-refundable.

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3. FEE PAYMENT

Fee payment is required in full prior to commencement of the program term.

If you have an NDIS plan and are:

Self-Managed

You can claim your term fee from your package before commencement of term (provided you have a service agreement with Code Blue)

Plan-Managed

You and your plan manager will receive a service agreement and invoice.

Your plan manager will contact you to approve payment of the invoice.

Your plan manager will make payment to Code Blue on your behalf.

If your plan manager does not pay for term fees up front you may have to pay for the fees personally and then be reimbursed by your plan manager

NDIA-Managed

- ☐ By providing your NDIS plan details on page 7, Code Blue will be able to make a service booking and a payment request online to the NDIS in order for your term fees to be paid.

4. PROGRAM FEES

Chill Foundation	\$1,650.00 per term (10 weeks)
Chill Tunes	\$1,300.00 per term (10 weeks)
Chill Plus	\$1,650.00 per term (10 weeks)
Chill Money	\$2,500.00 per semester (20 weeks) 1:1 peer mentor support (additional fee: \$1,360.00)
Chill on the Grill	\$1,385.00 per term (10 weeks) \$2,300.00 per term (10 weeks) with 1:1 in home support
Chill on Stage	\$1,500.00 per term (10 weeks)
Chill Art	\$1,800.00 per term (10 weeks)
Chill Moves	\$1,300.00 per term (10 weeks)
Chill Write	\$1,650.00 per term (10 weeks) 1 peer mentor support (additional fee: \$1,360.00)
Chill Life	\$3,770 per semester (20 weeks)
Chill Sport	\$1,500 per term (10 weeks)

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5. CANCELLATION POLICY – PLEASE READ CAREFULLY

A participant may cancel their enrolment and be refunded the full program fee provided **two (2) weeks notice (prior to commencement date of the term) is given**. Due to the nature of the program, and the amount of individualised preparation required prior to term commencement, **the program fee is non-refundable if the above notice has not been given. Should the participant commence the program and decide to withdraw, the total program fee is non-refundable.**

I understand and agree to the Code Blue for Autism's Program terms and conditions as outlined in pages 7, 8 & 9 of this document.

Signed

**If you cannot provide a digital signature and are completing the form electronically, please print your name to sign:*

Signed

Name:

Date:

6. GETTING STARTED

Prior to commencement of the program you will receive a **Getting Started email** that will provide you with information about our program facilitators, peer mentors, and what to expect at the first workshop. On receipt of this pack please do not hesitate to contact us if you have any questions. Thank-you for your enrolment. We welcome you to the Chill family.

H Whelan
Chief Executive Officer