



Government of **Western Australia**  
**WA Country Health Service**

# RURAL AND REMOTE RETRIEVAL WEEKEND

**Thursday 17 May to Sunday 20 May 2018**

KARIJINI ECO RETREAT | KARIJINI NATIONAL PARK

## PARTICIPANT REGISTRATION FORM

**Post to:** Rural Health West Events  
PO Box 433 Nedlands  
Western Australia 6909

**Telephone** 08 6389 4500  
**Facsimile** 08 6389 4501  
**Email** [events@ruralhealthwest.com.au](mailto:events@ruralhealthwest.com.au)

Title  Dr  Mr  Mrs  Ms

First name \_\_\_\_\_ Surname \_\_\_\_\_

Practice/organisation \_\_\_\_\_

Job title  GP  DMO  GP Registrar  Intern  Other \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

RACGP or ACRRM registration number \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

# RURAL AND REMOTE RETRIEVAL WEEKEND



## PARTNER/FAMILY REGISTRATION FORM

### PARTNER

First name \_\_\_\_\_ Surname \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
\_\_\_\_\_

### FAMILY

#### Child one

First name \_\_\_\_\_ Surname \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
\_\_\_\_\_

#### Child two

First name \_\_\_\_\_ Surname \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
\_\_\_\_\_

#### Child three

First name \_\_\_\_\_ Surname \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
\_\_\_\_\_

# RURAL AND REMOTE RETRIEVAL WEEKEND



## PARTICIPANT CONFIDENTIAL MEDICAL STATEMENT

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Level of fitness  Low  Below average  Average  Above average  High

*Please note: the event organisers recommend at least average fitness to participate in the program activities.*

I am able to walk 18 kilometres plus climb 1,000 stairs in one day.

**Known pre-existing illnesses** \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

**Next of kin contact** (due to no mobile phone coverage within Karijini National Park, your emergency contact person cannot be an accompanying person)

First name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_



# RURAL AND REMOTE RETRIEVAL WEEKEND



## LIMITATION OF LIABILITY

I understand that as a registered participant I am fully responsible for my own, my partner's and children's travel and health insurances. I also understand, if I'm a parent, my partner or I will remain fully responsible for our children at all times while at Karijini National Park.

By registering as a participant I agree to keep released and indemnified, Rural Health West, its officers, employees and contractors ('the indemnified parties') from and against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs and expenses of any nature whatsoever which the indemnified parties may suffer or incur or which may at the time, be brought or made against them (or any of them) in respect of or in connection with:

- the injury, illness or death to any person;
- any loss of any kind; or
- the destruction or loss of or damage to any property.

In the event of a genuine emergency, as a participant, I understand that the team of experienced emergency physicians and other medical professionals in attendance will only be assisting in a 'good samaritan' capacity and are not liable should they render emergency care at the scene of the accident.

Signature \_\_\_\_\_

## PRIVACY STATEMENT

The *Privacy Act 2014* provides that before your personal contact details can be published or made available to major sponsors, exhibitors and other parties directly related to the conference, you must give your consent.

Please tick this box to indicate your consent.

For information on the Rural Health West Privacy Statement, please visit [www.ruralhealthwest.com.au/privacystatement](http://www.ruralhealthwest.com.au/privacystatement).

## PHOTO PERMISSION

Photos may be taken by Rural Health West staff during the course of this event. These photos may be used in Rural Health West marketing material to promote future conferences and in the *Rural Health Matters* newsletter. If you do not want your, or your accompanying family members' photos taken or published, please advise a Rural Health West staff member.

# RURAL AND REMOTE RETRIEVAL WEEKEND



## EVENT COST

Prices below are participant prices and include registration, accommodation, on-site transport and all meals. For further information on each option, please visit [www.ruralhealthwest.com.au/conferences](http://www.ruralhealthwest.com.au/conferences).

### Option 1 \$1,600 PP

#### KING ECO TENT

- I will be staying on my own
- I will be sharing with my partner/family

#### Family costs

- Partner: \$450 including accommodation and all meals
- Child: \$250 per child including accommodation and all meals (up to two children)

### Option 2 \$1,350 PP

#### TWIN SHARE ECO TENT

- I will be sharing with:  
Name \_\_\_\_\_

OR

- Please allocate accommodation on my behalf

### Option 3 \$1,200 PP

#### TRIPLE SHARE ECO TENT

- I will be sharing with:  
Name \_\_\_\_\_  
Name \_\_\_\_\_

OR

- Please allocate accommodation on my behalf

### Option 4 \$1,050 PP

#### QUAD SHARE DORM ECO CABIN

- I will be sharing with:  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

OR

- Please allocate accommodation on my behalf

### Option 5 \$950 PP

#### CAMPING

Bring your own equipment – see full details on website.

- I will be camping alone
- I will be joined by my partner/family

#### Family accommodation costs

- \$60 per additional person for three nights (children under 12 are free)

# RURAL AND REMOTE RETRIEVAL WEEKEND



## FAMILY CAMPING MEAL OPTIONS (BYO BREAKFAST)

**Lunches** \$18 per person (adult or child – includes snacks)

**Thursday** Quantity \_\_\_\_\_ **Friday** Quantity \_\_\_\_\_ **Saturday** Quantity \_\_\_\_\_

**Adult dinner** \$55 per adult – per dinner

**Thursday** Quantity \_\_\_\_\_ **Friday** Quantity \_\_\_\_\_ **Saturday** Quantity \_\_\_\_\_

**Child dinner** \$25 per child – per dinner

**Thursday** Quantity \_\_\_\_\_ **Friday** Quantity \_\_\_\_\_ **Saturday** Quantity \_\_\_\_\_

## FAMILY ACTIVITIES

Friday morning program (Weano day-use area) Number of people \_\_\_\_\_

Friday afternoon program (Joffree lookout) Number of people \_\_\_\_\_

Saturday full-day program (Dales day-use area and Visitors Centre) Number of people \_\_\_\_\_

## TRAVEL

Participant airport transfer (included in conference cost)

**Spouse airport transfers** \$100

**Child airport transfers** (minimum of 8 years of age) \$50 per person

**Self drive**

I will be driving alone

I will be driving with \_\_\_\_\_

I will be driving from \_\_\_\_\_ and am happy to share transportation to Karijini Eco Retreat with another delegate. I am happy for my details to be passed on so I can make contact accordingly.

## TOURS

**Morning of adventure** \$250 per person Number of people \_\_\_\_\_



# RURAL AND REMOTE RETRIEVAL WEEKEND



## PAYMENT DETAILS

Please charge the total payable amount to the following credit card (Visa or Mastercard only).

Visa       Mastercard

Card number                        

Expiry date      /

Name of cardholder \_\_\_\_\_  
*Please print clearly*

Cardholder's signature \_\_\_\_\_

Total amount \$ \_\_\_\_\_

If you have any queries, please contact the Events team: **T** 08 6389 4500 | **E** [events@ruralhealthwest.com.au](mailto:events@ruralhealthwest.com.au)

## CANCELLATION POLICY

If registration is cancelled by **6 April 2018**, a full refund is given. If registration is cancelled after **6 April 2018**, a refund of 50 per cent is given. Refunds will not be issued for any registrations cancelled after **7 May 2018**.

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