



Brisbane | Ipswich | Logan | Gold Coast

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Participant Application Form

Thank you for your interest in **Ironbark Adventure Mentoring**. This form helps us learn about you (or your dependent) and ensure our services are a good fit.

Please send the completed form to the above email with any relevant documentation. Once reviewed, we'll be in touch to discuss next steps and, if suitable, provide a formal Service Agreement.

Section 1: Participant Details

- Full Name: _____
- Preferred Name (optional): _____
- Date of Birth: ____ / ____ / ____
- Age: _____
- Gender (optional): _____
- Address: _____
- Suburb: _____ State: ____ Postcode: _____

Section 2: Parent/Guardian (if under 18)

- Full Name: _____
 - Relationship to Participant: _____
 - Phone: _____
 - Email: _____
-

Section 3: Emergency Contact (different from above):

- Name: _____
 - Relationship: _____
 - Phone: _____
-

Section 4: Health & Safety Information

Note: This information ensures sessions are safe and appropriate

- Existing Medical Conditions (e.g. asthma, diabetes, epilepsy, injuries):
-

- Allergies (food, insect bites, medication, etc.):
-

- Current Medications:
-

- Any physical limitations or mobility issues?
-

- Any behavioural, social, or sensory considerations we should know about?
-
-

- Do you have a diagnosed condition (e.g. Autism, ADHD, Anxiety, etc.) that may help us better support you?

☐ Yes ☐ No

If yes, please provide details:

Section 5: NDIS Participant Information (if applicable)

- NDIS Number: _____
- Plan Start & End Dates: ____ / ____ / _____ - ____ / ____ / _____
- Plan Managed By (Important: Our services are not available to NDIA-managed participants)

☐ Self-Managed

☐ Plan Managed (Plan Manager details:

- Relevant NDIS Goals:

-
- Preferred Support Category / Line Item (if known):
-

Note: *If unsure, we can assist with this during planning.*

Section 6. Support Needs (optional)

- Sensory sensitivities (noise, touch, crowds, environments):

- Triggers to avoid:

- Strategies that help you feel calm and safe:

- Any behaviours or challenges we should be aware of (optional, confidential):

- Other relevant support needs:

- Support worker required? (yes/no): _____

Section 7: Service-Specific Background & Experience

Note: Please only fill out services you are interested in (leave others blank)

1. Mountain Biking

- Do you own or have access to a bike? ☐ Yes ☐ No
- If yes, please specify the bike Make, Model and Year (if known): _____
- Riding history (months or years): _____
- Skill level:
 - ☐ Beginner (little/no experience, may need bike handling basics)
 - ☐ Intermediate (comfortable riding paths/trails, basic skills)
 - ☐ Advanced (regular rider, confident on single track or technical trails)
- Any specific biking goals? _____

2. Hiking / Bushwalking

- Experience level:
 - ☐ Beginner (short walks, limited experience)

- ☐ Moderate (comfortable with day hikes, some rough terrain)
- ☐ Experienced (multi-day hikes, navigation skills)
- Any mobility/fitness considerations for hiking?

- Any hiking goals? _____

3. **Fishing (land-based for now)**

- Previous fishing experience:
 - ☐ None
 - ☐ Some (basic casting, limited knowledge)
 - ☐ Experienced (regular fishing, understands techniques)
- Do you have fishing gear and tackle? _____
- Any fishing goals? _____

4. **Camping**

- Experience level:
 - ☐ Beginner (never camped or very limited experience)
 - ☐ Some experience (occasional family or group camping trips)
 - ☐ Experienced (comfortable with setup, cooking, bush skills)
- Do you have any of your own camping gear (such as sleeping equipment, storage, related outdoor equipment etc.?) _____

- Any bushcraft skills you'd like to learn (fire, shelter, knots, navigation, etc.)?
-

5. Group Adventures

- How do you feel about participating in group settings?
 - ☐ Prefer one-on-one only
 - ☐ Comfortable in small groups (1-4 persons total)
 - ☐ Enjoy larger group settings (4+ persons)
 - Preferred group activity or activities?
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- Any social concerns or group challenges we should know about?
-

6. Create Your Own Adventure

Please note: Create Your Own Activities are primarily, but not strictly, outdoors-based. While we will do our best to accommodate your chosen activity, we cannot guarantee that all activities can be provided or facilitated. Some equipment may be available for certain activities, but participants may need to supply their own for others.

- Your Activity Name / Type:
-

- What would you like to focus on?

(e.g. skill development, fitness, fun, social connection)

- Equipment or space needed
(e.g. tennis racquet, basketball, park space, bodyweight exercises)
-

- Experience / skill level in this activity:
 - ☐ Beginner – little or no experience
 - ☐ Intermediate – some experience, familiar with basics
 - ☐ Advanced – confident and experienced
 - How often do you usually participate in this activity?
 - ☐ Rarely / first time
 - ☐ Occasionally (1–2 times per month)
 - ☐ Regularly (weekly or more)
 - Any specific goals or outcomes you would like from this activity?
-
- Any health, mobility, or safety considerations for this activity?
-
- Preferred setting / location:
(e.g. park, backyard, sports court, trail)
-

Section 8: Interests & Personal Goals

- What would you like to gain from Ironbark Adventure Mentoring?
(e.g. confidence, independence, social connection, fitness, outdoor skills, fun)
-

- Do you have any personal or developmental goals you'd like to work towards?
-
-

Section 9: Fitness & Comfort Level

General Activity Level

- How active are you in a typical week?
 - ☐ **Little to no regular activity** (less than 1 hour per week)
 - ☐ **Gentle activity** (1–2 hours per week, e.g. short walks, light play)
 - ☐ **Moderate activity** (2–4 hours per week, e.g. sports, gym, cycling, hiking)
 - ☐ **High activity** (5+ hours per week, regular exercise or physical activities)

Current Fitness Self-Assessment

- How would you describe your current fitness?
 - ☐ **Low** (prefer gentle activities, shorter distances, frequent breaks)
 - ☐ **Moderate** (comfortable with steady walking, cycling, or light activity)
 - ☐ **High** (enjoy challenging hikes, longer bike rides, higher-intensity activity)

Comfort Outdoors

- How comfortable are you with outdoor environments?
 - ☐ **Beginner** (little outdoor experience, new to nature-based activities)
 - ☐ **Some experience**
 - ☐ **Very comfortable outdoors** (regularly active in outdoor/adventure settings)
 - Any outdoor concerns (animals, noise or lack of, bugs etc.)?
-
-

Section 10: Availability & Logistics

- Preferred adventure type:
 - ☐ One-on-one sessions
 - ☐ Group outings including adventure days/camps
 - ☐ Open to both

- Preferred adventure length (select all that apply):

☐ 2 hours

☐ 3 hours

☐ Custom (Please specify): _____

- Preferred days and times (Please be as specific as possible):

- Transport needs (pickup/drop off, etc.):

Section 11: Confidentiality & Privacy

All information provided on this form will be treated confidentially and stored securely. It will only be used for the purpose of planning and delivering your mentoring sessions and forming a tailored Service Agreement. Your information will not be shared with any third parties without your consent, except as required by law. You have the right to access, correct, or request deletion of your information at any time by contacting Ironbark Adventure Mentoring.

Section 12: Consent & Acknowledgment

- I understand that Ironbark Adventure Mentoring involves outdoor activities which carry some risks.
- I confirm that the information I have provided in this document is true and accurate.
- I understand this is an application only. A Service Agreement will be provided if participation proceeds.

Signature (Participant or Parent/Guardian if under 18): _____

Date: ____ / ____ / ____