**Corona Virus (COVID-19) Declaration – Travel Bookings**

In the interest of protecting the health and well-being of our guests and staff we are required to ask you questions related to your travel and health activities. Please print out and place in our parks key return box on arrival or hand to park office if attended.

We ask that you are honest and take your share of responsibility when responding to the following questions, so that we can all do our best to prevent the spread of COVID-19 in the park and our community. Please do not fill out and send us form until closer to date in case circumstances change in your groups health as this form may be considered a legal document. Failure to produce it prior to arrival may result in being denied park entry.

We agree that park social distancing and gatherings as per state / federal / local governments and park rules are abided by and understand these may change without much notice.

We recommend the use of the Covid-19 App on your phones.

***Due to state and federal restrictions associated with the coronavirus COVID-19; please read and complete the following acknowledgements***

Full name: ­­­

Date of Arrival: Date of Departure:

**The reason for my travel is: (please tick or x those applicable)**□ I/We are travelling for leisure/ holiday purposes

□ I/We have no permanent residence (i.e. I live in my van / motorhome)

□ I/We am not able to stay at my primary place of residence due to distance, border closures

□ My job requires me to travel

□ Other. Please State:

**I acknowledge that:**

□ I/We have not returned from overseas in the past 20 days

□ I/We am not required to be in self-isolation/self-quarantine

□ I/We have not arrived from interstate in the past 14 days

□ I/We have not previously been diagnosed with COVID-19

□ To the best of my knowledge, I/We have not been in close contact with a person who has a reported or suspected case of coronavirus (COVID-19) in the past 14 days

□ I/We have not been in a COVID-19 hotspot (as defined by the Chief Health Officer) in the past 14 days

□ I/We have not had a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms in the last 72 hours and are otherwise well

**Contact Details**

Mobile Number:

Email address:

**Please provide details of all location’s visited and accommodation details for the past 14 days:**

*This information is for contact tracing purposes should it be required and may be shared with Police or Health officials if requested*

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| --- | --- |
| **Location (name and address)** | **Days stayed** |
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**Please provide details of details of your next location and accommodation**

*This information is for contact tracing purposes should it be required and may be shared with Police or Health officials if requested*

|  |  |
| --- | --- |
| **Location (name and address)** | **Days stayed** |
|  |  |
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**Listed Parties**

Please list all persons (adults and children) covered by this declaration:

Person 1 (you): Date of Birth:

Person 2: Date of Birth:

Person 3: Date of Birth:

Person 4: Date of Birth:

Person 5: Date of Birth:

Person 6: Date of Birth:

I/We agree to comply with all social distancing measures, good hygiene practices and park rules.

I declare that the answers I have provided above are true and accurate for myself and all the listed parties who are residing with me and that the Lake Albert Caravan Park may share this information with police or other government department if required.

Signature or typed name: Date: