

NORDIC WALKING COURSE APPLICATION FORM

Location: _____

Date: Thursday- October 10th, 2019

SECTION A: PERSONAL DETAILS

Privacy

In addition to your name and contact details, we request some personal information to enable us to understand the people we are reaching and those we may be missing. Connect Health & Community adheres to the Privacy Act 2000 and all information collected is for internal use only and will not be passed on to any third party without your permission.

Name: _____ Date of birth: _____ Male Female

Address: _____

Postcode: _____

Email: _____

Telephone: (h) _____ (w) _____ (m) _____

How did you find out about this course? _____

SECTION B: COMMUNITY PROGRAM REQUIREMENTS

Are you able to walk unaided or with the assistance of a walking stick only, for a minimum of 100 metres?

How often do you exercise? _____

What types of exercise are you doing? _____

Do you have any other limitations that may affect your participation in this activity? YES NO MAYBE
Medical conditions (if appropriate)

SECTION C: EMERGENCY CONTACT DETAILS

Name: _____

Telephone: _____ Relationship: _____

SECTION D: DECLARATION

Checklist: please tick

I have completed all relevant sections of the application form and provided payment details

I, (*name*) _____ wish to participate in the community program as stated on this registration form. I understand that my name, address, and contact details (provided on this form) will be only used for the purpose of providing this course. I understand that Connect Health & Community will not on-sell my personal details to any other organisation complies with the *Privacy Amendment (Private Sector) Act 2000*.

The information I have provided in this form is true and correct at the time of completion.

Signature: _____ Date: _____

SECTION E: PAYMENT DETAILS Please tick the relevant

.Connect Health & Community : 2A Gardeners Road, Bentleigh East, VIC 3165

N/A

Please note: prices are inclusive of GST and pole hire.

Payment by: Cash Cheque Money order Visa MasterCard
Cheques and Money orders to be made payable to . Connect Health & Community

Amount: \$ _____

Card no: _____ Exp: _____

Cardholder's name: _____ Signature: _____

SECTION F: Connect Health & Community

Trainer to complete

Meets course requirements: Yes No

Trainer signature: _____

Date: _____

Admin to complete:

Payment processed date: _____

Checked database date: _____

Entered on tracking sheet date: _____

Participants: Please note you need to complete the questions on the following attached page. If you answer 'yes' to any of the following questions, you will need to obtain a clearance certificate from your General Practitioner. Please contact Connect Health & Community if you have any questions.