

Participant Enrolment Form

P1

Please print

Name in full: _____

Date of birth: _____

Address: _____

Postcode: _____

Telephone: Home: _____ Work: _____

Mobile: _____

Email: _____

Ambulance Membership Number (if applicable):

Emergency contact person

Name: _____

Telephone: Home: _____ Work: _____

Mobile: _____

Relationship: _____

I, (name) _____ wish to enroll in the YWCA ENCORE program facilitated by YWCA Hunter Region Inc. In doing so, I waive all and any claim, right or course of action against the YWCA of Australia, the YWCA Hunter Region Inc., its officers and servants for any accident, or illness, which occurs during participation in the YWCA ENCORE program.

I further authorise the said officers or servants of YWCA Australia, of the YWCA Hunter Region Inc. to administer first aid and/or procure medical assistance, as they may determine necessary, in the event of any illness or accident that may occur whilst attending the YWCA ENCORE program, and agree to meet any expenses incurred therein.

Signature: _____

Date: _____

IMPORTANT: Please indicate your preferred:

Program Location: **Valentine** **Waratah** **Salamander Bay**

Term: **February/March** **October/November**

as outlined in the relevant Metro or Regional location list included in your enrolment package.

Confidential Health Assessment (page 1 of 2)

P3

Name in full: _____ Date of birth: _____

Name of GP: _____ Telephone of GP: _____

Do you have, or have you had, any of the following? (tick as appropriate)

| | | <i>Controlled?</i> |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Fainting/dizzy spells | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Low blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anaemia | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Breathlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chest pains | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Incontinence (faecal or urinary) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High cholesterol | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Arthritis or other joint or muscle problems? (include hip or knee replacement information) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, what/where? _____

Do you have trouble getting in and out of a pool? Yes No Yes No

Do you have any allergies? Yes No Yes No

If yes, please explain _____

Are you currently taking any medication? Yes No

If yes, what medications are you taking? And what are you taking them for?

| | Medications: | Reasons for taking: |
|---|--------------|---------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Confidential Health Assessment (page 2 of 2)

P3

Please tick any of the following boxes if YWCA can offer you additional support during the program.

- Hearing impairment**
- Visual impairment**
- other** _____

Please list any **other** relevant medical conditions that could affect your participation in ENCORE's exercise program? (Please note if you have an open wound you are not permitted to enter the water.)

Details of breast surgery and treatment

Date of breast cancer surgery: _____

Have you had further breast surgery (i.e., breast reconstruction, other) **Yes** **No**

Type of surgery (optional): _____

Date of surgery: _____

Are you still undergoing treatment for your breast cancer?

Chemotherapy **Yes** **No**

Radiotherapy **Yes** **No**

Hormone therapy **Yes** **No**

Medication **Yes** **No**

If yes, please list: _____

Have you been diagnosed with lymphoedema? **Yes** **No**

If so, which part/s of the body are affected by lymphoedema: _____

Please list other information relevant to your breast cancer surgery or treatment:

Collection and handling of personal information

Why is personal information collected?

The YWCA collects personal information (including health information) from you so that it has all the necessary information it needs to provide the YWCA ENCORE program to you safely.

We will use your health information to confirm that you are suited to participate in the YWCA ENCORE program and we will use your contact details to provide you with YWCA ENCORE newsletters or communications.

The YWCA may extract 'de-identified' data from our records to aggregate that data for statistical purposes (e.g., to demonstrate demand for the program in a particular area). However, any reports that are compiled from that data will not identify you, or anyone else.

Occasionally, the YWCA may seek to record footage about the YWCA ENCORE program for promotional purposes. However, we will not collect any personal information or use your image or footage in which you are featured without obtaining your consent.

Who is personal information shared with?

Your personal information will be collected by the local YWCA Association or partner organisation that is providing the ENCORE Program to you, and shared only with YWCA Australia, the body responsible for maintaining the quality of the program nationally. Your personal information will not be shared between the various YWCA associations.

Personal information of YWCA ENCORE participants will not be disclosed to third parties outside of YWCA Australia and the YWCA partner organisation delivering your program. YWCA Australia will only disclose personal information if it is required or authorised to by law.

Access and correction

Under the Privacy Act, you have a right to seek access to personal information, which the YWCA holds about you (subject to some exceptions). You may also have a right to request personal information about you to be updated or corrected. We will consider each request on a case by case basis.

If you would like to make a request for access under the Privacy Act, please contact the YWCA of Australia on phone (02) 6230 5150.

Please complete the form over page and return it with your other forms to the Encore Facilitator.

Consent for collection and handling of personal information

I understand that the YWCA needs to collect personal information (including health information) about me.

I consent to the collection of personal information (including health information) about me, and to the handling of that personal information by the YWCA in the way described in this form

Signed: _____

Print name: _____

Date: _____

I am willing to be contacted by YWCA Encore for media opportunities that may arise. For example, local newspaper articles

Yes No

Email address (if you wish to be contacted electronically): _____