

Office use only:  
Receipt #:  
Date:

## Participant Application Form

RETURN THIS FORM TO YOUR ACTIVITY PROVIDER

### PRIVACY NOTIFICATION

The personal and health information requested on this form is being collected by Council for planning and delivering proper health care to you while attending Wyndham Active Ageing Program. Your contact information will be stored in Council’s Customer Database and used to identify you when communicating with Council and for delivery of services and information to you. Your information will be used by Council and may be shared with medical and personal fitness professionals where required. Your information will only be disclosed to other persons or agencies if consented to by you; or the authorised emergency contact; or as permitted by law. For further information on how your personal and health information will be handled, see Council’s Privacy Policy on its website.

### TRANSLATION

If you require assistance with this document, the information can be translated by contacting Translating and Interpreting Services on 131 450.  
(Ask to be connected to Wyndham City on 9742 0777)

### TIMETABLE – SUMMER 2020 – January 2020 to March 2020

#### LOCATION

please tick  which activity you are applying for

<input type="checkbox"/>	Central Park Community Centre	BFF Class Balance, Flex & Fun	6 weeks	<b>Monday 10<sup>th</sup> February</b> 11.30am to 12.15pm	vacancies available
<input type="checkbox"/>	Seniors Exercise Park	Programmed duration 45 minutes	6 weeks	<b>Tuesday 18<sup>th</sup> February</b> 11.30am – 12.15pm	vacancies available
<input type="checkbox"/>	Central Park Community Centre	Seniors Yoga	6 weeks	<b>Wednesday 19<sup>th</sup> February</b> 12.30pm to 1.15pm	vacancies available
<input type="checkbox"/>					

## APPLICANT DETAILS *(Your Personal details)*

Title:	Mr/Mrs/Ms/Miss	First Name:									
Surname:		Preferred Name:									
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	Day/ Month/Year								
Age Group:	Under 65 <input type="checkbox"/> 65-70 <input type="checkbox"/> 71-75 <input type="checkbox"/> 76-80 <input type="checkbox"/> 81-85 <input type="checkbox"/> 85+ <input type="checkbox"/>										
Address:											
Suburb:		Postcode:									
Mobile Phone:											
Home Phone:											
Email:											
Preferred method of contact:	Home phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>										
Allergies or Medical Conditions:	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide details:										
Disability or Special Requirements:	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide details:										
Language Spoken at Home:											
Interpreter Required:	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide details:										

## EMERGENCY CONTACT - *(Please ensure you obtain consent from this person listed)*

First Name:		Surname:									
Relationship to you:		Phone:									
Mobile Phone:											

<b>ADULT EXERCISE PRE-SCREENING TOOL - Please tick your response</b>		<b>Yes</b>	<b>No</b>
1.	Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?		
2.	Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
3.	Do you ever feel faint, dizzy or lose balance during physical activity/exercise?		
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5.	If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
6.	Do you have any other conditions that may require special consideration for you to exercise?		
<p><b>IF YOU ANSWERED 'YES' to any of the questions above, you MUST seek a medical clearance from your Doctor/GP to complete the next section of this form.</b></p>			
<p>If you answered "NO" – please go to Applicant Declaration on the next page</p>			

**Your doctor must complete this section if you answered YES to any of the questions in the Adult Pre-Exercise Screening Tool**

## DOCTOR'S DETAILS



Name:			
Medical Practice Name:			
Address:			
Suburb:		Postcode:	
Phone:			
Email:			

## QUESTIONS ABOUT THE APPLICANT

In your opinion, does the applicant require a medical clearance to participate in the Active Ageing Program?

Yes  No

If yes, please provide details of any physical restrictions or extra measures that need to be considered or put in place prior to the applicant participating in the Program:


Dr/GP Signature:		Date:	
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## APPLICANT DECLARATION

I confirm that the information I have provided as part of my application is true and correct.

I acknowledge and agree that this application is subject to the Active Ageing in Wyndham Program Terms and Conditions, which I confirm that I have read and understood.

Applicant's Name:		Date:	
Applicant's Signature:			

## RETURN THIS FORM TO YOUR TIMETABLE ACTIVITY PROVIDER

### RETURNING YOUR FORM Please complete this form and return to Activity Provider

**By email to:** [enquiries@grangecommunity.org.au](mailto:enquiries@grangecommunity.org.au)

**In person at:** Central Park Community Centre  
80 Lonsdale Circuit, HOPPERS CROSSING VIC 3029

### BOOKING & PAYMENT INFORMATION

To sign up for the Active Ageing Program, there is a one-off joining fee of **\$20.00**. This joining fee enables you to book (one) of our 6 week activities throughout Wyndham. The fee is payable to your activity provider prior to commencing any activities.

#### **IN PERSON**

Central Park Community Centre  
80 Lonsdale Circuit, HOPPERS CROSSING VIC 3029

Payment methods accepted: cash, credit card, EFTPOS  
Please bring your Participant Application Form & Pre-Evaluation with you when making payment. We will process your application and contact you direct.

#### **BY PHONE:**

Please call the Activity Provider phone: 8742 000. We can take your booking over the phone.  
We must receive your completed Participant Application Form before payment can be taken.

### OFFICE USE ONLY: ACTIVITY PROVIDER

Please return all completed forms to Active Ageing Program  
Email: [activeageing@wyndham.vic.gov.au](mailto:activeageing@wyndham.vic.gov.au)  
Post: 45 Princes Highway, Werribee VIC 3030  
Phone: 03 9742 0777

## ACTIVE AGEING PROGRAM TERMS AND CONDITIONS

These terms and conditions apply to Council's Active Ageing Program ('program').

By submitting a Participant Application Form, you agree to be bound by these conditions.

These conditions should be read in conjunction with any relevant program information, e.g. the Participant Application Form ('form') and any Council correspondence regarding the program or activity you have registered for.

Submission of a form and/or payment of the joining fee does not guarantee your participation in the program or in an activity. Your Activity provider will confirm your participation in the program via the preferred contact method nominated in your form.

### 1. APPLICANTS

You must be aged 65 years or over and a Wyndham resident to be eligible to participate in the program.

### 2. APPLICATION

2.1. You must submit a properly completed form and pay the joining fee at least 5 days prior to the activity start date.

2.2. Your participation in the program and/or an activity will not be confirmed until your form has been submitted and you have paid the joining fee.

2.3. You agree that your activity provider will confirm your participation in the program and/or an activity via the preferred contact method nominated in your form.

2.4. You agree to immediately notify your activity provider of any changes to the information provided in your form.

### 3. PROGRAM EVALUATIONS

3.1. You agree to complete the Move it AUS Grant Program Pre-Evaluation prior to commencing your activity.

3.2. You agree to complete the Move it AUS Grant Program Post-Evaluation at the conclusion of your participation in the program.

3.3. You acknowledge that these evaluations are conducted by the University of Sydney and involves the collection of your personal information, which will be used in accordance with the Participant Information Statement.

## 4. PAYMENT

4.1. You agree that except where these conditions specify otherwise, the program joining fee is non-refundable.

## 5. ACTIVITY CAPACITY

You acknowledge that each activity has a limited booking capacity. You agree that where an activity has reached its booking capacity, you may be placed on a waiting list and allocated to that activity if a place becomes available.

## 6. ADULT EXERCISE PRE-SCREENING TOOL

6.1. You agree that completion of the Adult Exercise Pre-Screening Tool ('tool') in the form is not a substitute for medical advice from your doctor about your fitness to participate in the program or the appropriateness of an activity. You acknowledge that you should obtain medical advice prior to participating in the program and/or in an activity.

6.2. Where you have answered 'yes' to any of the questions in the tool, you must obtain medical clearance from your doctor prior to participating in the program.

## 7. LIABILITY

7.1. You participate in the program at your own risk.

7.2. To the extent permitted by law, Council is not liable to you for any loss, damage, claim or expense ('loss') suffered, including, but not limited to property loss or damage, personal injury and death, as a result of or in connection with your participation in the program or an activity, except to the extent that any such loss is caused or contributed to by the negligent act or omission of Council.

## 8. INDEMNITY

You agree to hold harmless, indemnify and keep indemnified Council, its Councillors, staff and contractors ('Council') against any action, claim, demand, cost (including legal costs) or other liability ('claim') made against or incurred by Council in respect of any accident, damage, injury or loss ('loss') arising from your participation in the program or in an activity and your compliance or purported compliance with these conditions.

## 9. CANCELLATION

9.1. You may only cancel your participation in the program at any time by notifying your activity provider in writing or by phone.

9.2. You must notify the activity provider of your cancellation in the program or the activity.

9.3. You acknowledge that if you can no longer participate in the program due to medical reasons, the program may, acting in its entire discretion, and subject to receipt of a written request from you and a suitable medical certificate from your doctor, refund your joining fee.

9.4. Notwithstanding any other provision of these conditions, and regardless of whether your participation in the program or an activity has been confirmed by Council, Council expressly reserves the right to cancel the program or an activity at any time.

9.5. Council and your activity provider reserves the right to cancel your participation in the program where you have submitted false, inaccurate, insufficient or misleading information in your Participant Application Form or otherwise.

## 10. BREACH

Any breach of these conditions, including a failure to pay the joining fee, may, at the option of Council, result in the cancellation of your participation in the program or activity, and/or your further applications not being accepted.