



Wellbeing Program

Registration Form

This form will be used to collate information for organisational reporting purposes. All forms are stored securely, will not be shared with others and data is reported unidentified and confidentially. Your information will inform submissions for funding to sustain and extend the program.

Activity

Activity name:

Date of registration:

Personal details

Title:

First name:

Last name:

Date of birth:

Address:

Phone number:

Email address:

Can we add your details to our database so we can inform you of any upcoming events?

Yes No

Emergency contact details

Contact 1 Name:

Phone number:

Relationship:

Contact 2 Name:

Phone number:

Relationship:

Employment Information

Please fill out the below if you are still serving:

Employer(please circle): Air Force/ Army/ Navy/ Emergency Services/ Other

Location:

Rank:

Please fill out the below if you are no longer serving:

Previous employer(please circle): Air Force/ Army/ Navy/ Emergency Services/ Other

Location:

Rank:

Discharged since:

Reason for discharge:

Are you currently employed?

Health Information

Have you ever been diagnosed with/had any of the below conditions? (please tick)

- | | |
|---|--|
| <input type="checkbox"/> A musculoskeletal injury | <input type="checkbox"/> An Amputation |
| <input type="checkbox"/> Drug and or alcohol dependence | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Post-Traumatic Stress | <input type="checkbox"/> Other Diagnosis - |

Please provide the year of most recent diagnosis or injury:

Has your wound, injury or illness impacted on your ability to work? Yes No

What are your reasons for contacting the Wellbeing Program?

- | | |
|--|--|
| <input type="checkbox"/> Support / mateship | <input type="checkbox"/> Learn a new skill |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Physical Rehabilitation |
| <input type="checkbox"/> Career support | <input type="checkbox"/> Involvement in activities |
| <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Other – |

Data Collection

How did you hear about the program?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Television |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other – | |

Are you prepared to participate in our data collection process? This will include both pre and post activity questionnaires, which will be collated completely unidentified and anonymous. Yes No

Communication

Please remove me from The Road Home mailing list.

Would you be interested in representing The Road Home Wellbeing Program in the following? (This is voluntary)

PLEASE NOTE: You will be contacted on each occasion to determine if you are still interested / able.

Story for our newsletter

Media Interviews

Publicity Events

Acknowledge and consent

I: _____
(PLEASE PRINT FULL NAME)

of: _____
(ADDRESS - PLEASE PRINT)

acknowledge and agree that:

I am over the age of 18 (eighteen);

physical activity carries with it an inherent risk. I understand that it is my responsibility not to go beyond my physical capabilities and skill level when participating in the Road Home Wellbeing Program (Program);

I acknowledge and agree that to the extent permitted by law, The Road Home is not liable for any potential loss, damage, accident, injury, or death that may occur as a result of participation in the Program;

[If I have any health or medical concerns now or during my participation in the Program, I will discuss such concerns with my medical practitioner before participating, or continuing to participate in the Program. I acknowledge and agree that The Road Home is not liable for any loss, damage, accident, injury, or death that may occur as a result of my failing to comply with this condition.]

I consent to the collection, storage, disclosure and use of my image, voice and/or identity by or on behalf of the The Road Home for the purpose of print publications, websites, social media and advertisements; copyright in any recording made or image taken by or on behalf of the The Road Home of me or any performance of mine, in connection with the specified Purpose is owned by The Road Home and I further agree that any use of my performance or image is authorised for the purposes of the *Copyright Act 1968* (Cth), *Privacy Act 1988* (Cth) and any other applicable laws;

I consent to details of my medical condition being provided for the specified Purpose;

I release the Crown in right of South Australia from any claim by me or anyone on my behalf for any cost, expense, loss or damage arising out of the collection storage, disclosure or use of my image, voice and/or identity for the specified Purpose or other purposes (including press, TV, print publications, websites and advertisements or any other means of communication whatsoever);

There will be no payment or other consideration paid for the use of my image, voice and/or identity.

Signed:

Date: