



## 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 \_\_\_\_\_

Postal address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

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

Yes      No

# EMERGENCY CONTACT DETAILS

## Contact 1

First name \_\_\_\_\_

Last name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship \_\_\_\_\_

## Contact 2

First name \_\_\_\_\_

Last name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship \_\_\_\_\_

## EMPLOYMENT INFORMATION

Please fill out the below if you are currently serving:

Employer      Air Force      Army      Navy      Emergency Services  
Other \_\_\_\_\_

Location \_\_\_\_\_

Rank \_\_\_\_\_

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

Previous employer      Air Force      Army      Navy      Emergency Services  
Other \_\_\_\_\_

Location \_\_\_\_\_

Rank \_\_\_\_\_

Discharge date \_\_\_\_\_

Reason for discharge \_\_\_\_\_

Are you currently employed?

Yes      No

## HEALTH INFORMATION

**Have you ever been diagnosed with/had any of the below conditions?**

Anxiety

Depression

Post-Traumatic Stress

Asthma

Cardiovascular disease

High blood pressure

Drug and/or alcohol dependence

A musculoskeletal injury

An amputation

Other diagnosis

**If other, please provide details** \_\_\_\_\_

**Please provide the year of your most recent diagnosis or injury** \_\_\_\_\_

**Has your wound, injury or illness impacted on your ability to work?**

Yes      No

## OTHER INFORMATION

**What are your main reasons for contacting the Wellbeing Program?**

Support / Mateship

Stress management

Career support

Relationship issues

Learn a new skill

Physical rehabilitation

Involvement in activities

Other

**If other, please provide details** \_\_\_\_\_

**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

Publicity events

Media interviews

Other

**How did you hear about the program?**

Word of mouth

Newspaper

Television

Social media

Internet

Referral

Other

**If other, please provide details** \_\_\_\_\_

**Are you prepared to participate in our data collection process?**

**Please note:** This will include both pre and post activity questionnaires, which will be collated completely anonymously.

Yes

No

# 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 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 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: \_\_\_\_\_

## THANK YOU