

Strength for life Enrolment Form

Centre Name:

Name:..... DOB:.....

Suburb:..... Telephone:.....

Country of Origin:..... Gender:.....

Doctor:..... Telephone:.....

Emergency Contact:..... Telephone:.....

Occupation: (or previous occupation if retired).....

Are you a veteran; war widow/er; or spouse, carer, dependent of a veteran? Yes No

Referral Source:

- Doctor Allied Health professional Rehabilitation Services

If self-referred, where did you hear about the Strength for life Program:

- Friend/Family COTA (SA) Publication/Web The Messenger
 COTA Office Presentation Other (specify).....

Why have you chosen to start Strength Training?

- Doctors recommendation Research on the benefits Not as strong as used to be
 Preventative action Friends suggestion Recovering after injury

Did you exercise before joining Strength for life?

- At the gym Played sport Dancing Walking/running Swimming
 Other Exercise As a child Never

What is the approximate annual gross income of your household

- Up to \$12,000 \$12,001 - \$20,000 \$20,001 - \$40,000
 \$40,001 - \$60,000 \$60,001 - \$80,000 More than \$80,000

For evaluation purposes, we are interested in how income relates to access to the Strength for life program

I agree that information regarding my enrolment in the Strength for life Program can be used for promotion and evaluation of the program. Information collected will be treated confidentially

Signed:.....

Date:.....