



# Strength for Life

## Enrolment Form

**SFL Facility Name:** .....

**Name** ..... **Date of Birth** .....

**Address** ..... **Post Code** .....

**Phone** ..... **Gender** .....

**Email** .....

**Cultural Identity** ..... **Language spoken at home** .....

**Do you identify as Aboriginal or Torres Strait Islander**     Yes     No

### Referral Source:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical Practice | <input type="checkbox"/> Rehabilitation Services  | <input type="checkbox"/> Health Clinic             |
| <input type="checkbox"/> Physiotherapist  | <input type="checkbox"/> Falls Prevention Service | <input type="checkbox"/> Healthy Lifestyle Program |

### If self-referred, where did you hear about Strength for Life Program?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Local Newspaper      | <input type="checkbox"/> Friend/<br>Family | <input type="checkbox"/> Presentation from COTA ACT |
| <input type="checkbox"/> COTA ACT Publication |  | <input type="checkbox"/> Website                    |
| <input type="checkbox"/> Social Media         |  |   |

### What was your reason to start Strength Training?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medical recommendation | <input type="checkbox"/> Preventative action  | <input type="checkbox"/> Stay fit and healthy       |
| <input type="checkbox"/> Social interaction     | <input type="checkbox"/> Weight management    | <input type="checkbox"/> Chronic disease management |
| <input type="checkbox"/> To improve strength    | <input type="checkbox"/> To help after injury | <input type="checkbox"/> Improve Balance            |

*I agree that the information I share will inform Strength for Life reports and recommendations for funding bodies. My personal information is de-identified, remains confidential and is stored securely in a password protected database. My email address will be used to notify me of any COTA SA opportunities or events.*

**Signature of Participant:** ..... **Date:** .....