

# ENROLMENT FORM

## To enrol into Strength for Life (SFL):

1. Complete and sign the enrolment form below
2. Take the completed form to your preferred SFL Provider

## PRE-EXERCISE QUESTIONNAIRE

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have any other conditions that may require special consideration for you to exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IF YOU ANSWERED 'YES' to any of the 6 questions, please continue to complete this enrolment form. Once complete, please download and print the [GP and Allied Health Medical Clearance Form](#), make an appointment with your doctor or an appropriate allied health professional to complete the form, and take it with you to your SFL Provider of choice. For this list of SFL Providers visit [www.cotansw.com.au](http://www.cotansw.com.au).

IF YOU ANSWERED 'NO' to all of the 6 questions, please continue to complete this enrolment form and take it with you to your SFL Provider of choice. For this list of SFL Providers visit [www.cotansw.com.au](http://www.cotansw.com.au).

The Pre-Exercise Questionnaire are consistent with the Adult Pre-Exercise Screening Tool developed by Exercise and Sport Science Australia, Fitness Australia, Sports Medicine Australia and Exercise is Medicine and is the system recognised across fitness and allied health disciplines.

## PARTICIPANT DETAILS

Have you previously participated in the SFL Program?  Yes  No

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male  Other

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Aboriginal or Torres Strait Islander person:  Yes  No Private Health (with Extras):  Yes  No

Concession Card:  Yes  No Commonwealth Support:  Yes  No

If Yes, Type:  DVA  Pension  DSP  Health Care  Seniors  
If Yes, Type:  Aged Care  CHSP  NDIS  Home Care Package

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## PHYSICAL ACTIVITY LEVEL

In the past week, how many days have you done a total of 30mins or more of physical activity, enough to raise your breathing rate?  0  1  2  3  4  5  6  7 Total minutes per week: \_\_\_\_\_

## REASON FOR ENROLMENT (Tick one or more)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Medical recommendation     | <input type="checkbox"/> Social interaction          | <input type="checkbox"/> Improve strength        |
| <input type="checkbox"/> Preventative action        | <input type="checkbox"/> Weight management           | <input type="checkbox"/> Improve balance         |
| <input type="checkbox"/> Stay fit and healthy       | <input type="checkbox"/> Injury rehabilitation       | <input type="checkbox"/> Improve aerobic fitness |
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Improve functional movement |  |

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### ENROLMENT TYPE

- Tier 1 – program delivered by Exercise Physiologist and/or Physiotherapist
- Tier 2 – program delivered by a fitness professional who have completed the SFL advanced training course

### ENROLMENT INFORMATION (For the list of SFL Providers visit [website page](#))

SFL Provider name: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

### PARTICIPANT CONSENT

- Participating in SFL Program is voluntary
- You hereby agree that your record being stored by a SFL Provider to assist in prescribing an appropriate exercise program. Please refer to SFL Provider Privacy Policy for further information.
- SFL Provider are required to securely share your personal information with COTA NSW for the purpose of reporting, auditing, research, evaluation & quality assurance. COTA NSW will keep your personal information confidential and all data collected will be stored in a secure location. Please refer to COTA SA Privacy Policy available to be access at [www.cotansw.com.au](http://www.cotansw.com.au) for further information.
- Collated and de-identified data (where all of your personal details have been removed) will be provided to the Australian Sports Commission and will be used for the purpose of reporting, auditing, research, and evaluation.
- You understand that you have the right to withdraw consent at any time, without penalty, by requesting that your personal information be deleted by SFL Provider and COTA NSW.
- This consent is subject to: 1) the information stored being kept secure & confidential; 2) any information required for a report, audit, research &/or planning being used on an anonymous basis.
- You also understand that it you have a question relating to the security of your personal information you can ask your SFL Provider and Instructor, SFL Program Coordinator or COTA NSW on 02 8268 9602.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_