

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/Family | <input type="checkbox"/> Presentation from COTA SA |
| <input type="checkbox"/> COTA SA Publication | <input type="checkbox"/> Social Media | <input type="checkbox"/> Website |

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:**
