



# Strength for Life

Live longer, live stronger

## Strength for Life: participant enrolment form

### What is Strength for Life?

Strength for Life is an affordable, safe and effective strength and balance training program for older Canberrans.

The Strength for Life program is delivered by accredited providers and instructors across the ACT.

### Need help filling out this form?

If you need assistance completing this form, please visit your local Strength for Life provider. You can also contact the ACT Strength for Life Coordinator, Diane Percy by email at [strengthforlife@cotaact.org.au](mailto:strengthforlife@cotaact.org.au)

**For more information visit:**

**[www.cotatact.org.au](http://www.cotatact.org.au)**



Strength for Life is expanding across Australia through the support of the Australian Government's Move It AUS – Better Ageing Grant Program.

# Strength for Life: participant enrolment form

## Strength for Life provider (site) name

Please specify the name of the accredited provider (site) delivering the Strength for Life sessions

--

**First name**

**Last name**

--	--

**Email address**

**Phone number**

--	--

**Date of birth**

(day/month/year)

**Gender**

/	/	
---	---	--

**Country of birth**

**Language spoken at home**

--	--

**Home address (locality and postcode only)**

Please provide some details about your home address (we do not require your full street address)

City, town or suburb:

State/Territory:

Postcode:

**Do you identify as an Aboriginal or Torres Strait Islander?**

--

**Do you have a disability?**

--

**Are you a concession card holder?**

Please tick all options that are applicable and/or tick 'other' and provide details

<input type="checkbox"/>	Pensioner Concession Card
<input type="checkbox"/>	Low Income Health Care Card
<input type="checkbox"/>	Home Care Package

Other:

--

<b>Doctor</b> <i>(full name)</i>		<b>Phone number</b>
<b>Emergency contact</b> <i>(full name)</i>		<b>Phone number</b>
<b>Current level of moderate or high intensity physical activity</b> <i>Please tick the appropriate option that reflects your current level of physical activity each week</i>		
<input type="checkbox"/>	I currently do <b>less than 150 minutes</b> of moderate or high intensity physical activity per week.	
<input type="checkbox"/>	I currently do <b>150 minutes or more</b> of moderate or high intensity physical activity per week.	
<i>Moderate or high intensity physical activities are those that are sufficient to raise your breathing rate. This could include sports or other exercise, such as brisk walking or cycling.</i>		

<b>Source of enrolment</b> <i>Please tick the appropriate option or tick 'other' and provide details</i>	
<input type="checkbox"/>	Accredited Strength for Life provider
<input type="checkbox"/>	Self-enrolment
<input type="checkbox"/>	Doctor
<input type="checkbox"/>	Allied health professional
<input type="checkbox"/>	Fitness professional
<input type="checkbox"/>	Other (please provide details below)
Details for 'other':	

<b>How did you hear about the Strength for Life program?</b> <i>Please tick all options that are applicable and/or tick 'other' and provide details</i>	
<input type="checkbox"/>	Social media (e.g. Facebook, Twitter, Instagram, Pinterest or LinkedIn)
<input type="checkbox"/>	Friend or family member
<input type="checkbox"/>	Doctor or allied health professional
<input type="checkbox"/>	Fitness professional
<input type="checkbox"/>	COTA ACT website
<input type="checkbox"/>	Other (please provide details below)
Details for 'other':	

**Reason for enrolment**

*Please tick all options that are applicable or tick 'other' and provide details*

<input type="checkbox"/>	Improve strength
<input type="checkbox"/>	Improve balance
<input type="checkbox"/>	Improve cardiovascular health
<input type="checkbox"/>	Improve overall health
<input type="checkbox"/>	Improve body composition (e.g. increase muscle and decrease fat)
<input type="checkbox"/>	Social interaction
<input type="checkbox"/>	Recommendation from a doctor or allied health professional
<input type="checkbox"/>	Other (please provide details below)
Details for 'other':	

**I consent to the collection and use of my data and the Privacy Policy**

*Please tick this box to confirm your consent*

Your personal information will be kept confidential and all data collected will be securely stored. COTA ACT uses this information for the purpose of reporting, promotion, auditing, research, evaluation and quality assurance. Please refer to the COTA ACT Privacy Policy for further information.

**Signed**

*(participant signature)*

**Date**

*(day/month/year)*

/ /