

## Personal Information

Name:

Address:

Suburb:

Postcode:

Date of birth:

Gender:

Phone:

Email:

Aboriginal or Torres Strait Islander:

Emergency Contact | Name:

Relationship:

Phone:

## Referral Agency (if applicable) or Carer information:

Name:

Agency/Position:

Email:

Referral Date:

**Please indicate which programs you wish to attend. Refer to calendar.**

South Programs		North Programs		North West Programs	
<input type="checkbox"/> Arts	<input type="checkbox"/> Walks	<input type="checkbox"/> Walks	<input type="checkbox"/> Craft	<input type="checkbox"/> Walks	<input type="checkbox"/> Sports Activities
<input type="checkbox"/> Sports Activities	<input type="checkbox"/> Just Move- Women only	<input type="checkbox"/> Just Move	<input type="checkbox"/> Equine Therapy	<input type="checkbox"/> Social & Skills group	
<input type="checkbox"/> Skilling it	<input type="checkbox"/> Cooking	<input type="checkbox"/> Open Arts	<input type="checkbox"/> Creative Arts	<input type="checkbox"/> Yoga	<input type="checkbox"/> Cooking
<input type="checkbox"/> Just Move	<input type="checkbox"/> Gardening	<input type="checkbox"/>	<input type="checkbox"/> Cooking	<input type="checkbox"/> Just Move	<input type="checkbox"/>
<input type="checkbox"/> Social Club	<input type="checkbox"/> Yoga		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				

# Medical Information

The following medical information may help in the unlikely event of an accident or illness. Please complete this form as accurately as possible. The information you disclose will be confidential and will only be used to help staff respond to any injury or illness.

Mental Health Diagnosis:

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Has this person been assess for an NDIS plan? Y / N

NDIS Coordinator name

Contact number:

Email:

Do they have a current NDIS plan? Y / N

Date:

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Referrer Signature:

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of adults for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Questions	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of any other reason why you should not engage in physical activity?		
Do you have Diabetes?		
Do you have Epilepsy?		
Do you have Asthma?		
Have you ever been requested to cease participation in a group activity such as this for any reason?		

**If you answered yes:** If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

**If you answered no:** If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have a low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

## When to delay the start of an exercise program:

- If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.
- If you are or may be pregnant, talk with your doctor before you start becoming more active.

Keep in mind, that if your health changes, so that you then answer "YES" to any of the above questions, tell your fitness or health professional, and ask whether you should change your physical activity plan.

**Participant Signature:**

**Date:**

# Consent



I, \_\_\_\_\_, acknowledge and understand that on signing this form I consent to the following:

- Richmond Fellowship Tasmania worker/s may liaise (verbally or in writing, to obtain or share information) with service providers and support people as needed in order to provide me with supports which will assist me to achieve my goals. These may include:
  - ▶ Housing Tasmania
  - ▶ Child Protection
  - ▶ Case Manager
  - ▶ Psychologist
  - ▶ NDIA / NDIS Representative
  - ▶ Centrelink
  - ▶ Medical Practitioners
  - ▶ Family
  - ▶ Partner / Spouse
  - ▶ Other supports or services involved with my wellbeing
- I understand that I am able to specify services or people that I do not wish Richmond Fellowship Tasmania workers to liaise with (if applicable, please list below)

I **do not** give my permission for Richmond Fellowship Tasmania workers to liaise with the following service or people:

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- I understand that I can withdraw consent at any time in writing (via email) and that consent will automatically cease once I exit my Richmond Fellowship Tasmania Service Agreement.
- I understand that this form is to be reviewed annually whilst services are being provided and can be amended by me at any time in writing (via email).
- I understand that this form cannot be amended without my written consent.
- I acknowledge Mandatory Reporting has been explained to me.
- I acknowledge my Rights & Responsibilities including my Privacy Rights, how my records are stored, and the complaint and feedback process.

	Client	Additional person (optional)*	RFT Worker
Signature:			
Name:			
Date:			

\*Additional person is a:  Parent or Guardian /  Trustee /  Other (specify): \_\_\_\_\_

Annual review date for consent:

# Privacy Statement

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We respect your right to privacy and are committed to safeguarding the personal information you provide to us. The following information explains what information we collect, how it is stored, how it is used, and why. You have a right to access the information we collect, and to make a formal complaint if you feel your right to privacy has been breached. The staff member who provided this document to you should be your first point of contact regarding privacy concerns, however the manager can be contacted on (03) 6228 3344 if required.

## What personal information is collected about me, and how?

Some details we collect are directly required to provide services to you, and others are collected as part of an agreement with our funding body. The details we collect include:

- Identifying information (including name and date of birth);
- Contact information (including address and telephone number);
- People to contact in the event of an emergency (if appropriate), and;
- Details about your past or current circumstances (including your health needs).

## How is my personal information used?

Your information is used by us to provide support and assistance to you in meeting your needs. Some non-identifying information is used by our funding body for statistical and research purposes.

## How is my personal information stored?

Your personal information may be stored in a secure filing cabinet, or on our secure password protected computer system. Your information may also be submitted to an online database when required by our funding body.

## How long is my information kept?

Information collected will generally be stored for 7 years, and after this time it will be erased. If you are under the age of 18, the information is held indefinitely. In some circumstances we are required to retain records for different periods, or transfer your information to the funding body when a service ends.

## Who has access to my personal information?

Your worker will generally be the only person accessing your information. If your worker is not available, other workers in the service or a supervisor responsible for your worker may need to access your records.

## Do you disclose my personal information to any other services or agencies?

Except for the reasons listed below, your information will not be disclosed to any other service without your permission. If you do give permission, we will ask that you sign a form. The form will include the information to be shared, the agency/service that it will be shared with, and the purpose it will be shared for.

There are some circumstances in which your personal information may be shared without your consent. These are:

- Your worker makes an assessment that you are likely to harm yourself or others;
- You disclose serious criminal activity or family violence;
- Children in your care are at risk of harm;
- We are required to by legislation, or;
- Your file has been subpoenaed by law.

## How can I access and make any corrections to my personal information?

If you would like access to, or would like to make changes to any of your personal information, please ask your worker.

## Next steps?

Now that you are aware of how Richmond Fellowship Tasmania (RFT) uses your personal information we ask you to sign the below statement that we use to show that we have explained this to you. You may need a parent, guardian or other responsible person to sign this form with you.

I, \_\_\_\_\_, authorise Richmond Fellowship Tasmania to record my personal information for the purposes of providing the services requested. My worker has discussed my privacy rights with me and explained.

## The privacy statement sets out the Rights and Responsibilities of participants accessing this program:

### Participants Rights

- To be provided a safe and inclusive environment free from judgement, abuse, violence, and discrimination.
- To have all personal information kept secure and private.

### Participant Responsibilities:

- Treat all other participants, employees, students, volunteers, service providers and community members with dignity and respect.
- To follow employee directions and observe all safety requirements of activities or meetings.
- Safely and securely store any medications that are required throughout an activity (please be aware that employees are not able to store or hold. medications).

I agree that my file may be viewed by quality assurance auditors:  Yes /  No

	Client	Additional person (optional)*	RFT Worker
Signature:			
Name:			
Date:			

\*Additional person is a:  Parent or Guardian /  Trustee /  Other (specify:)