

Application to Enrol Form

Fitness Programs



Enrolments are essential for all programs. Enrolments are confirmed upon receipt of payment.

Please complete the form entirely and submit:

Electronically – save form to your device, complete all fields, sign and save. Email to the address below.

Hard copy – print, complete all fields, sign and send to Capital Region Community Services (CRCS) by:

Post: PO Box 679 Belconnen ACT, 2616 **Email:** contact@crs.com.au **Fax:** 6253 2901

In person: Belconnen Community Centre, Swanson Court, Belconnen; opposite Belconnen Bus Interchange

Fitness Program

☐ Gym session/s ☐ Badminton ☐ Other: _____

Participant Details

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: _____ Date of Birth: _____

Country of Birth: _____ Main Language Spoken at Home: _____

Do you identify as:

- ☐ An Aboriginal person ☐ A Torres Strait Islander person
☐ An Aboriginal and Torres Strait Islander person ☐ other: _____

Participant Contact Information

Phone Number: _____ Email: _____

Address: _____

Preferred contact method: (*Note: email is preferred*) ☐ Email ☐ Phone ☐ Text ☐ Mail/Post

Emergency Contact Information

Contact Person Name: _____ Relationship to Participant: _____

Phone Number: _____

Health and Treatment Information

Do you have any medical conditions, allergies or other conditions that CRCS should be aware of?

Please detail any specific first aid treatment/support that is required outside of standard first aid treatment. Please note this should be accompanied by written instructions provided by a doctor.

Payment Options

☐ **Pay As You Go** (casual visit) ☐ **Pay in Advance** *Payments can be made by cash/EFTPOS/credit.

How did you hear about us

☐ Word of mouth ☐ CRCS Website ☐ Google ☐ Flyer ☐ Facebook ☐ Belconnen Community Centre Visit

Privacy Statement

Capital Region Community Services (CRCS) is collecting personal information for the provision, administration and billing of agreed supports/services. Personal health information is collected for provision of first aid/ other health treatment purposes. The information contained in the form is considered personal information and as such it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998(Cth). Health and treatment information may be made available to relevant CRCS staff on a 'need to know' basis and to medical or paramedical staff in the case of an accident or emergency. Emergency contact information will be used only in the event of an emergency or where CRCS have concern for your welfare and cannot make contact with you. Personal information and information related to provision of supports/services may be disclosed to the relevant government agency/ies and/or their proxies responsible for overseeing funding associated with the provision of services for that participant. For example: My Aged Care participant's information may be disclosed to My Aged Care, Department of Health and/or their CHSP/HCP Provider where requested. Personal information collected on this form may also be disclosed to other third parties with your consent or as permitted or required by law. De-identified information will be used for statistical analysis /reporting and to evaluate services for future planning.

If you wish to access or correct any of your information or discuss how it has been managed, please email cracs@cracs.com.au. If you have a concern or complaint about the way your personal information has been collected, used, stored, or disclosed, please email feedback@cracs.com.au. If you are not satisfied with the response you receive, or if you do not receive a response within 30 working days of submitting a complaint, you can escalate your complaint in writing to the CEO via feedback@cracs.com.au or lodge your complaint with the Office of the Australian Information Commissioner. Refer to <http://www.oaic.gov.au>

1. I have read and understand the above privacy information.
2. I understand that I am responsible for payment of any sessions I attend.
3. I understand that in the absence of a specific treatment plan provided to CRCS, that standard First Aid will be administered by CRCS staff.
4. I understand that CRCS will call an ambulance where they deem emergency medical assistance is necessary and any costs incurred for treatment, ambulance transport or medication will be paid by me.
5. I understand that participation in Fitness Programs carries inherent risks and acknowledge that my voluntary participation assumes my acceptance of these risks.
6. I agree to let a CRCS know as soon as possible should I incur and injury through my participation in CRCS Fitness Programs.
7. I consent for CRCS to collect, keep and use my personal and health information in line with the Privacy Act (1988) for the purposes detailed in the privacy statement above.

Full Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Staff member received by: _____ Date received: _____

☐ Form fully completed ☐ Participant introduced to the centre/program

☐ Participant made aware of Participant Service Charter/Human Rights Charter/Easy English Flyers/Privacy Policy/Feedback Forms/other service flyers etc. on Reception Flyer Stand