**EXPRESSION OF INTEREST**

**SOCIAL, LEARNING & LIFESTYLE PROGRAMS**

## PERSONAL DETAILS

Preferred Full Name: …………………………………………………………………..………………………………………………………..

Date of birth: [ ]  Male [ ]  Female [ ]  Indeterminate/Intersex/Unspecified

Address: ………………………………………………………………………………………………………………………………………………….

Suburb State: Post code: ……………………..

Phone (Mobile): ……………………………. Phone (Home): …………………….. Email: …………………………………………..

Emergency contacts:

Name: ………………….……………………. Relationship: …………………………. Phone (Mobile): ……………..……………….

Name: ………………….……………………. Relationship: …………………………. Phone (Mobile): ……………..……………….

Funding options discussed: [ ]  MAC (#AC……………………..) [ ]  DVA [ ]  NDIS [ ]  Other: ………………….

I require an interpreter [ ]  YES [ ]  NO I require transport (subject to availability) [ ]  YES [ ]  NO

I require support to attend the program [ ]  YES [ ]  NO

I will be attending the program with a Carer or Support Worker [ ]  YES [ ]  NO

## PROGRAM DETAILS

**REACH (for people over 65 years old)**

[ ]  Music [ ]  Exercise [ ]  Art [ ]  Armchair Travel [ ]  Newsletter/Phone call [ ]  Other: …………..

**STEP (for learners with a disability)**

[ ]  Educational [ ]  Recreational [ ]  Wellbeing [ ]  Online classes [ ]  Other: ……….…..

|  |  |
| --- | --- |
| PROGRAM INTERESTED IN | TRIAL DATE BOOKED |
| Click here to enter text. | / …………….. |
| Click here to enter text. | ……………../ …………….. / …………….. |
| Click here to enter text. | ……………../ …………….. / …………….. |

Details communicated to: [x]  Admin [x]  Co-ordinator [x]  Program Leader [x]  Transport