**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:  Admin  Co-ordinator  Program Leader  Transport