

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
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Details communicated to: Admin Co-ordinator Program Leader Transport