

# Participant Enrolment Form

P1

Please print

Name in full: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### *Emergency contact person*

Name: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please tick the box of the preferred program:

Klemzig (MS Society)

Salisbury (Northcare)

Bedford Park (Flinders Medical Centre)

Murray Bridge (Our Wellbeing Place)

I, \_\_\_\_\_ (name) wish to enrol in the YWCA Encore program facilitated by the YWCA of Adelaide. In doing so, I waive all and any claim, right or course of action against the YWCA of Australia, the YWCA of Adelaide, its officers and servants for any accident, or illness, which occurs during participation in the YWCA ENCORE program.

I further authorise the said officers or servants of YWCA Australia, of the YWCA of Adelaide to administer first aid and/or procure medical assistance, as they may determine necessary, in the event of any illness or accident that may occur whilst attending the YWCA ENCORE program, and agree to meet any expenses incurred therein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Approval Form

P2

*(For completion by your GP, Oncologist or Breast Surgeon)*

YWCA ENCORE is a non-medical exercise and support program for any woman who is at least eight weeks post-breast cancer surgery. It consists of gentle floor and pool-based exercises. The exercises have been developed in consultation with relevant health professionals, are overseen by an Advisory Committee of health professionals and all programs are delivered by trained YWCA ENCORE coordinators who have Senior First Aid qualifications.

Medical approval is sought before women may participate in the program and you are asked to complete and sign the form below. If you require any additional information about the program please contact the person named at the bottom of this form, or contact the National Encore Manager on 1800305150.

I \_\_\_\_\_ (print full name of physician) give approval for  
\_\_\_\_\_ (print full name of participant) to participate in the YWCA  
ENCORE program.

I certify that my patient is at least 8 weeks post surgery ( please tick)  Yes  No

I certify that my patient can attend whilst undergoing chemotherapy  
and/or radiotherapy  Yes  No  N/A

Are there any recommended limitations? (please tick)  Yes  No

If yes, please specify

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Signature of Dr: \_\_\_\_\_

Radiation Oncologist  Medical Oncologist  Breast surgeon  GP

Date: \_\_\_\_\_

For more information on the YWCA ENCORE program contact:

YWCA of Adelaide  
17 Hutt Street ADELAIDE SA 5000  
Ph: 8203 9400 Fax: 8203 9498 Web: [www.ywca.com.au](http://www.ywca.com.au)

## Confidential Health Assessment (Part 1)

P3

Name in full: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have, or have you had, any of the following? (tick as appropriate)

			<i>Controlled?</i>	
Fainting/dizzy spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Low blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anaemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis or other joint or muscle problems? (include hip or knee replacement information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what/where? \_\_\_\_\_

Infectious diseases – hepatitis, AIDS, MRSA  Yes  No  Yes  No

(If yes, there is to be no pool entry if menstruating, incontinent or with open wounds)

Cold sores  Yes  No  Yes  No

(If yes, there is to be no pool entry until healed)

Pregnant  Yes  No

Tinea, plantar warts, dermatitis, psoriasis  Yes  No  Yes  No

Open wounds or ulcers  Yes  No

(If yes, there is to be no pool entry until healed)

Are you currently taking any medication?  Yes  No

If yes, what medications are you taking? \_\_\_\_\_

What is the medication for? \_\_\_\_\_

Do you have any *other* medical conditions that could affect your participation in a gentle exercise program? \_\_\_\_\_

## Confidential Health Assessment (Part 2)

P3

Details of breast surgery (tick as appropriate)

- Radical mastectomy (breast, lymph glands and muscles)       left       right       both breasts
- Modified radical mastectomy (breast and lymph glands)       left       right       both breasts
- Lumpectomy (wide local excision)       left       right       both breasts
- Removal of lymph glands/nodes       left       right       both underarms
- Reconstruction       left       right       both breasts
- Type of reconstruction       Tram Flap       Latissimus Dorsi (Back muscle)  
 Other Flap       Implant       Tissue Expander

Date (year/years) of surgery \_\_\_\_\_

Are you still undergoing treatment? If so which type's ( please tick all that apply)

- Chemotherapy       Radiotherapy       Medication

Have you been diagnosed with lymphoedema?       Yes       No

If so, which part/s of the body are affected by lymphoedema: \_\_\_\_\_

Do you suffer from stiffness in muscles/joints?       Yes       No

If yes, where? \_\_\_\_\_

Rate level of stiffness of scale below:

1 (slight)	2	3	4	5 (extreme)
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## Collection and handling of personal information

### Why is personal information collected?

The YWCA collects personal information (including health information) so that it has all the information it needs to provide the YWCA ENCORE program to you, and to look after your wellbeing when you participate in the YWCA ENCORE program.

We will use your health information to confirm that you are suited to participate in the YWCA ENCORE program and we will use your contact details to provide you with the YWCA ENCORE newsletter.

The YWCA may extract 'de-identified' data from our records to aggregate that data for statistical purposes (eg to demonstrate demand for the program in a particular area). However, any reports that are compiled from that data will not identify you, or anyone else.

Occasionally, the YWCA may seek to record footage about the YWCA ENCORE program for promotional purposes. However, we will not collect any personal information in this way without obtaining your consent.

### Who is personal information shared with?

Your personal information will be collected by the local YWCA Association or partner organisation that is providing the ENCORE Program to you, and shared only with YWCA Australia, the body responsible for maintaining the quality of the program nationally. Your personal information will not be shared between the various YWCA associations.

Personal information of YWCA ENCORE participants will not be disclosed to third parties outside of YWCA Australia and the YWCA/ partner organisation delivering your program. YWCA Australia will only disclose personal information if it is required or authorised by law.

### Access and correction

Under the Privacy Act, you have a right to seek access to personal information which the YWCA holds about you (subject to some exceptions). You may also have a right to request personal information about you to be updated or corrected. We will consider each request on a case by case basis.

If you would like to make a request for access under the Privacy Act, please contact the YWCA of Australia on phone (02) 6230 5150.

## Privacy

P5

### Consent for collection and handling of personal information

I understand that the YWCA needs to collect personal information (including health information) about me.

Yes  No

I consent to the collection of personal information (including health information) about me, and to the handling of that personal information by the YWCA in the way described in this form

Yes  No

I authorise YWCA Australia to record on print, film, or otherwise, my name, likeness and performance during the YWCA ENCORE program to be used for purposes of promotion and marketing of the YWCA ENCORE program.

Yes  No

I wish to subscribe to the national YWCA ENCORE Newsletter

Yes  No

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Email address (if you would like the newsletter electronically): \_\_\_\_\_