



LEAP MEMBERSHIP APPLICATION FORM

PRIVACY STATEMENT: Council will only use the personal information provided by you for the purposes for which it was collected and any other authorised use. The information Council collects may also be used for its own planning and research purposes to improve services to the community. Council will never reveal personal information Council collects to third parties unless disclosure is required or authorised by law. Your signature on this form is deemed to be permission to hold the information and to use that information in good faith for any purpose which Council considers appropriate, or which is required or authorised by law. Information Privacy Act 2000.

PERSONAL INFORMATION			
Given Name (s)			
Surname / Last Name			
Date of Birth			
Which most accurately describes you?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary <input type="checkbox"/> Prefer not to say		
Street Address			
Suburb / Town		Postcode:	
Contact Details: (please list all)	Home: Mobile: Email:		
EMERGENCY CONTACT Information			
Name			
Relationship			
Address			
Contact Number	Home:	Mobile:	
CULTURAL BACKGROUND / LANGUAGE / IDENTITY			
Do you identify as Aboriginal or Torres Strait Islander?			
<input type="checkbox"/> No <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Prefer not to say			
Language Spoken _____ <input type="checkbox"/> Prefer not to say Do you require assistance from an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Country of Birth _____ <input type="checkbox"/> Prefer not to say			
Are you a member of LGBTIQ+ Community? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say Are you interested in participating in dedicated LGBTIQ+ programs and activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say			
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say Do you use a mobility aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, please specify (e.g., wheelchair, cane, working frame): _____ What additional support can we offer? _____			

MY AGED CARE

The City of Whittlesea delivers a range of Commonwealth funded programs for older adults. To be eligible for these, you need to be assessed and be referred through My Aged Care.

Are you registered with My Aged Care? Yes No

If no, are you interested in receiving a call from City of Whittlesea to better understand My Aged Care and explore your eligibility and options? Yes No

PLEASE SELECT THE ACTIVITY/ACTIVITIES YOU ARE INTERESTED IN JOINING

Social Exercise/Walking Football <input type="checkbox"/>	Social Golf <input type="checkbox"/>	Social Carpet Bowls <input type="checkbox"/>	Morning Melodies <input type="checkbox"/>
Seniors Exercise Classes <input type="checkbox"/>	Seniors Exercise Park <input type="checkbox"/>	Social 10 pin Bowling <input type="checkbox"/>	

Are there any other activities you would like to see/take part in?

LEAP membership perk

Upon joining LEAP, you will be eligible to claim a discounted membership rate at Mill Park Leisure centre or Thomastown Recreation and Aquatic Centre.

Yes, I would like use LEAP for a membership

No

CONSENT TO RECEIVE INFORMATION

When you become a LEAP Member you consent to receive information about all our LEAP/Positive Ageing programs through email, text, and/or post. In addition, we may be able to offer you more information about a wide range of ageing well programs, services, and activities provided by Council's Ageing Well Department, State Government, Commonwealth Government, and other partner organisations. From time to time, we may be able to share information about other Council programs and services, and opportunities to participate in Council's community consultations. To be able to provide you with this information, we need your informed consent. You can opt out of receiving any additional information at any time.

Yes, I consent to receive information

No, I do not consent to receive information

MEMBERSHIP AGREEMENT (All Applications)

As a LEAP Member, I:

- Understand and agree that while all safety precautions are taken by Council Staff, Council, its volunteers and its agents, Council cannot be held responsible for any injury or illness I may suffer or for the loss, theft or damage of any personal property.
- Understand that City of Whittlesea staff and volunteers cannot administer my medication. It is my and/or my registered carer's responsibility.
- Authorise and consent to City of Whittlesea staff or volunteers to organise any medical treatment (ambulance, doors, etc) that I may require whilst participating in LEAP activities, and I agree to meet any associated costs that Council may incur, including alternative travel arrangements.
- Agree to follow all instructions and directions provided by any person supervising the activity.
- Confirm that I will be respectful at all times with the fellow participants, staff and volunteers. I understand that abusive language or violent behavior towards anyone is not tolerated at City of Whittlesea.
- Understand that City of Whittlesea may take photographs and audio-visual recordings during the LEAP sessions and may use it to promote the programs in its websites, print, and electronic mediums. On such occasions, all participants will be notified prior to the session. I understand and agree that it is my responsibility to let City of Whittlesea staff know if I wish not to be photographed.

I confirm that I have read and understood this form and the information it provides and consent to all program participation requirements.

Applicant Name: _____

Signature: _____

Date: _____

Please return your completed Membership form to any Council Office,

By email: AgeingWell@whittlesea.vic.gov.au

By Post: Positive Ageing Team, City of Whittlesea, Locked Bag 1, Bundoora MDC 3083

For further information please contact the Ageing Well Department on 9217 2170 option 4 or email AgeingWell@whittlesea.vic.gov.au

Office Use OnlyApplication: Accepted / Declined

Approved by: _____ Date: _____

Application Advised: Date: _____ Initial: _____

Membership Card Ordered: _____ Initial: _____

Card Posted to Member: _____ Initial: _____

If declined – Date Notified: _____ Initial: _____

Decline Reason: _____