

Let Everyone Actively Participate (LEAP) Program Membership Application Form

About LEAP

The purpose of the LEAP program is to provide older adults, local, enjoyable, affordable opportunities to participate in physical and social activities that will assist, maintain, and improve their health and wellbeing.

LEAP Programs are a great way to meet new people, build new friendships, learn new skills, stay active and physically fit, and be socially connected to the local community. LEAP offers a variety of regular programs, including sports and recreation, exercise classes, health and wellbeing educational workshops, and the opportunities to learn new skills. Our programs are co-designed with our members with a variety of additional activities and events planned throughout the year, including day trips and picnics, trips to the cinema, multicultural and foreign films, social competitions, and special programs for the annual Seniors Festival. While some LEAP programs are free of charge, most programs are affordably priced. We also offer a variety of both face-to-face and online activities and events.

LEAP Membership

Participation in all LEAP programs and activities requires enrolment as a LEAP Member. Membership is free and some conditions apply.

If you are interested in being a LEAP member, please complete and submit this form to City of Whittlesea's Positive Ageing Team. The form can be filled and submitted online at www.whittlesea.vic.gov.au OR can be emailed to AgeingWell@whittlesea.vic.gov.au. Alternatively, printed copies may be submitted at any Council Office, or post to: Positive Ageing Team, City of Whittlesea, Locked Bag 1, Bundoora MDC 3083.

Activity and Event Bookings

Please note that to participate in some activities and special programs like day trips and seniors' luncheons, Members will need to separately register to attend as places may be limited. In most cases, participation will be subject to first-come, first-serve basis, so Members are encouraged to book early to avoid missing out.

Companion Card

Council recognises the Companion Card issued by the Victorian State Government. If you have a Companion Card, your companion/carer can attend LEAP programs and activities with you without charge. It is your Companion's responsibility to provide support to you for the entire event. Bring this card with you when booking / attending activities and events.

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Health and Safety

Council is committed to providing programs and services that are not only enjoyable, but also safe for community members, our volunteers and staff. All programs, activities and events are risk assessed, including considerations regarding access, inclusion, mobility, health and being sun smart, accident and injury, environmental, social and cultural safety. At times, this may also include targeted response and measures to comply with official health directions where the community may be at greater risk eg., in the management of pandemics and other individual and community health risks. Council has put in place a number of strategies, policies and procedures to minimise such risks, and will keep LEAP programs participants and the community informed regarding any required changes or adjustments to our services, program, activities or events.

LEAP Program 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	
Street Address	
Suburb / Town	
Postcode	
Postal Address <input type="checkbox"/> As above	
Contact Details: (please list all)	Home: Mobile: Email:
EMERGENCY CONTACT	
Name	
Relationship	
Address	
CONTACT NUMBER	Home: _____ Mobile: _____

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Volunteering

The City of Whittlesea also offers a variety of opportunities to support others through volunteering. We are always in need of volunteers with time and talent to support our programs and services. Are you interested in volunteering in your local community to support programs run by the Ageing Well Department? Yes No

If yes, a staff member will be in touch to discuss volunteering with you in more detail at no obligation.

Additional Information

At City of Whittlesea, we are committed to continuous improvement. We want our programs, services, and events to cater to our community needs, be inclusive, entertaining, informative, culturally appropriate, close to home as much as possible, sustainable, and relevant to the time in order to help our residents live a healthy life with meaningful connections to the local community.

This would only be possible if we understand our community and our program participants better. We hope that you will support our quest to serve you better by providing the additional information. Below. We will not share this information with any other third party. Please note that if you chose not to provide the below information, it will not have an impact on your LEAP membership application, nor will impact your ability to participate in our programs.

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 have a mobility aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, please specify (eg., wheelchair, cane, working frame): _____ What additional support can we offer? _____	
Do you have access to transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By Car (I drive) <input type="checkbox"/> By public transport <input type="checkbox"/> By taxi / uber / family / friends <input type="checkbox"/> Community Transport (e.g., LINK) <input type="checkbox"/> I prefer to walk Are you interested in building your confidence and skills in using public transport systems of Melbourne? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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DIGITAL LITERACY

How would you rate yourself in digital technology and use of smart devices?

- Not Confident, need assistance
 Confident with assistance
 Confident, no assistance required

Are you interested in opportunities to improve your skills in digital technology?

- Yes No
 If yes, a member of the team will contact you

Do you have access to a digital device(s) (tick all that applies)?

- Desktop computer
 Smart Phone
 Laptop
 Tablet / iPad

Do you use social media?

- Yes No
 Facebook YouTube
 Twitter Instagram

Are you interested in participating in a range of online social programs and online workshop we offer?

- Yes No
 If Yes, are you familiar with/used ZOOM or Microsoft Teams?

If No, please advise the following:

- Lack of confidence and knowledge in using technology
 Lack of access to a device
 Lack of access to internet
 Not interested in online programs

- Yes No

HOBBIES AND INTERESTS (tick all that apply)

- Outdoor Activities Languages Travel Culture Fitness
 Photography Performing Arts Music / Instrument Animals
 Building / Carpentry/ Woodwork Gardening Mechanic / Cars Sewing
 Film & TV Sports Reading / Creative Writing Cooking / Baking
 Trivia Arts and Crafts Socializing Bingo Events and Markets
 Computers & Technology Meditation / Relaxation / Yoga Walking Cycling
 Other / Comments _____

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CONSENT TO RECEIVE INFORMATION (All Applicants)

By default, 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 aging well programs, services, and activities provided by Council's Ageing Well Department, State Government, Commonwealth Government, and other reputable not for profit 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. We will only be sending emails sparingly and will never send any sales/business promotion emails. You can opt out of receiving any additional information at any time. Please advise your communication preferences below:

I consent to receiving information as indicated below (tick all that applies)

- I am interested in receiving information about a range of ageing well services, including information about accessing services through Council, My Aged Care, State and Commonwealth Governments, other reputable academic and research organisations, and not for profit organisations
- I am interested in receiving information about wider Council programs and services and opportunities to participate in community consultations in relation to my local community
- I am only interested in receiving information relevant to the LEAP Program Membership and Activities and Council's Ageing Well Department Services

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 interested in receiving all call from City of Whittlesea to better understand My Aged Care and explore your eligibility and options?

- Yes No

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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 agree 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 have been vaccinated as required with regards to communicable diseases as advised by LEAP program staff, including COVID 19, and agree to submit evidence of this as requested from time to time, and as directed through Victorian Health Directions, community restrictions and guidelines.
- Confirm that I will be respectful at all times with the fellow participants, staff and volunteers. I understand that abusive language or violent behaviour towards anyone is not tolerated at City of Whittlesea, and that it may lead to interventions by Victoria police and/or further legal actions.
- 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: _____

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Please return your completed Membership form to any Council Office, or:

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 9407 5940 or email AgeingWell@whittlesea.vic.gov.au

Office Use Only

Application: Accepted / Declined

If declined – Date Notified: _____ Initial: _____

Decline Reason: _____

Approved by: _____ Date: _____

Application Advised: Date: _____ Initial: _____

Membership Card Ordered: _____ Initial: _____

Card Posted to Member: _____ Initial: _____

Further Comment: _____

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