



MUSCULOSKELETAL
AUSTRALIA

Tai Chi for Arthritis Leader/Update Training Application Form 2018

Location: _____

Date of course: _____

SECTION A: PERSONAL DETAILS

Privacy

In addition to your name and contact details, we request some personal information to enable us to understand the people we are reaching. Musculoskeletal (MSK) Australia adheres to the Privacy Act 2000 and all information collected is for internal use only and will not be passed on to any third party without your permission.

Name: _____ Date of birth: _____ Male Female

Address: _____

Postcode: _____

Email: _____

Telephone: (h) _____ (w) _____ (m) _____

Please complete the following if working or volunteering:

Workplace: _____

Current role: _____

Qualification: _____

Work email (if applicable): _____

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If Yes, then please indicate the areas of disability, impairment or long-term condition

Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment

Vision Medical Condition Other _____

Do you have a muscle, bone or joint condition? (please tick): Yes No

If yes, please give details: _____

How did you find out about this course? _____

SECTION B: PROGRAM/COURSE

What are your expected learning outcomes from attending this program/course?

What relevant experience in Tai Chi or other exercise / fitness programs do you have?

MSK Australia Leader Training and Update Record*:

MSK Australia leader training courses	Year attended	MSK Australia leader update courses	Year attended

* If enrolling into update training, you may be requested to supply a copy of your previous training certificate/s.

SECTION C: PROGRAM/COURSE REQUIREMENTS

TAI CHI FOR ARTHRITIS LEADER TRAINING COURSE:

Please complete this box only if you are **NOT** a health professional or you **DO NOT** have a formal qualification in exercise (i.e. Cert III/IV in fitness). Participants with no formal training in health or exercise are eligible to attend but must have ongoing support from a qualified health or exercise professional before enrolling in this course.

Name of qualified health or exercise professional: _____

Organisation: _____

Profession: Physiotherapist Exercise physiologist
 Occupational Therapist Other: _____

Please complete the following:

I (name of qualified professional) _____ agree to provide ongoing support and supervision as required for (name of course applicant) _____ to ensure that they lead safe and effective exercise classes in the community.

SECTION D: PAYMENT DETAILS

PAYMENT OPTIONS: Please tick relevant box

Tai Chi for Arthritis Leader (2 days)	Cost	Tai Chi for Arthritis Update (1 day)	Cost
<input type="checkbox"/> MSK AUS-member	\$457	<input type="checkbox"/> MSK AUS-member	\$225
<input type="checkbox"/> Non-member	\$506	<input type="checkbox"/> Non-member	\$253
<input type="checkbox"/> MSK AUS Peer Support Group	\$300	<input type="checkbox"/> MSK AUS Peer Support Group	\$100

MOVE Member No: _____

Payment by: Cash Cheque Money order Visa MasterCard
Cheques and Money orders to be made payable to MOVE muscle, bone & joint health

Amount: \$ _____

Card no: _____ Exp: _____

Cardholder's name: Signature: _____

If requesting a tax invoice for your organisation, please complete this section.

Name: _____ Position: _____

Organisation: _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____

SECTION E: EMERGENCY CONTACT

Name: _____

Telephone: _____ Relationship: _____

SECTION F: DECLARATION

Checklist: please tick

- I understand that if I wish to withdraw this specific course on the date nominated I must notify Musculoskeletal Australia in writing and enclose the course fee receipt. I understand that if I choose to withdraw more than ten working days before the date nominated for this specific course commences, I will receive a fee refund less a 20% administration fee.
- I understand that I will not receive a refund if I withdraw from the course on the date nominated less than seven working days prior to the date nominated for this specific course, except for medical reasons. In this instance, I note that I will be required to provide a medical certificate.
- I have completed all relevant sections of the application form and provided correct payment details

I, *(name)* _____ wish to participate in the training course on the date nominated as stated on this application form. I understand that my name, address, and contact details (provided on this form) will be added to the Musculoskeletal Australia database for advance notice of education and training programs and relevant information. From time to time, Musculoskeletal Australia will contact me with various opportunities for supporting people with muscle, bone and joint conditions and research projects. I understand that Musculoskeletal Australia will not on-sell my personal details to any other organisation and that Musculoskeletal Australia complies with the Privacy Amendment (Private Sector) Act 2000.

The information I have provided in this form is true and correct at the time of completion.

Signature: _____ Date: _____

SECTION G: Musculoskeletal Australia Contact

PLEASE RETURN COMPLETED FORM AND PAYMENT TO:

Post: Health Promotion Officer, MSK Australia, PO Box 130, Caulfield South, Victoria 3162

Fax: (03) 9530 0228 **Email:** programs@msk.org.au

Enquiries to: Health Promotion Officer, **ph:** (03) 8531 8000 **Toll free** (*country callers only*): 1800 263 265

Office use only:

Trainer to complete

Meets course requirements: Yes No

Trainer signature: _____

Date: _____

Admin to complete:

Payment processed date: _____

Checked database date: _____

Entered on tracking sheet date: _____