



## Application Form

This form is to be used to refer participants to any of the programs within the HAPI Ipswich Project. The HAPI Ipswich project aims to increase participation in physical activity and improve healthy eating amongst people **predominantly** not in the paid workforce in Ipswich. Participants must meet criteria to be eligible for subsidies, however the project is not selective in whom can attend the sessions advertised. A participant may refer themselves using this form and should indicate how they heard of the program on the referring agent line.

Name of referring agent: \_\_\_\_\_

Name of participant: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

\_\_\_\_\_ Post code: \_\_\_\_\_

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

### Which of the following would best describe participants work status?

- Full time employee
- Recently or long term unemployed
- Part-time or casual employees
- Student
- Home duties
- Carers
- Older Australians (Retirees or Pensioners)

### Does the participant identify with any of the following:

- Aboriginal and Torres Strait Islander background
- Culturally and linguistically diverse background.

If so please list origin: \_\_\_\_\_

- People with a disability
- People at risk of weight-related chronic disease

### What is the age group of the participant:

- 18 – 25
- 26 – 38
- 39 – 50
- 51 – 65
- 66 +

### Which of the programs is the participant interested in:

- Attending Jamie's Ministry of Food: cooking courses
- Becoming an AustCycle Trainer
- Attending an AustCycle Course
- Becoming a Heart Foundation HeartMoves Leader
- Attending a Heart Foundation HeartMoves Leader
- Attending a Ipswich Hospital Foundation Formal Activity
- Attending a Ipswich Hospital Foundation In-formal Activity

### Which of the following restrict participant from attending physical activity sessions?

- Childcare
- Transport
- Cost
- Location
- Language
- Other. If so please list \_\_\_\_\_

### Which of the following restrict your cliental from healthy eating?

- Lack of time
- Cost
- Knowledge of healthy eating
- Access to good quality foods
- Cooking skills
- Other. If so please list \_\_\_\_\_

### Please complete this form and forward to:

Attn: Candice Wood - Healthy Communities Coordinator  
Ipswich City Council  
P.O. Box 191  
Ipswich, QLD 4305

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