

GET SET GO GUIDE REGISTRATION FORM

Banyule Nillumbik Primary Care Alliance Initiative

Banyule City Council is developing a comprehensive web-based Physical Activity Directory that will contain a substantial amount of detail regarding physical activity programs, activities and services available to people of all ages, backgrounds and abilities in the Banyule/Nillumbik catchment area.

If you would like your club, service, class or activity to be included in this dynamic and innovative resource please fill out the registration form below.

Should you offer a number of activity options please indicate &/or fill out additional forms or contact Elena Healy, Special Projects Officer on 9457 9913 or email on elena.healy@banyule.vic.gov.au for further details

Category _____

News Item _____

Activity - (ie: Name of activity/class/group) _____

Organisation (ie: Name of organisation/club/agency who conducts the activity)

Contact Person - First Name _____ **Surname** _____

Street Address (ie: name and address of facility where activity occurs)

Suburb _____

Melway Ref _____

POSTAL ADDRESS _____

POSTAL SUBURB _____

POSTCODE _____

Phone _____

Fax _____

Mobile _____

E-mail _____

Website _____

Activity Description _____

When (ie: time & day) _____

Dates _____

Target Group

B: Babies/pre-schoolers (under 5 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
C: Children (5-12 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
YP: Young people (13-24 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
A: :Adults (25-40 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
A1: Adults (25-34 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
A2: Adults (35-44 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
MA1: Middle Age Adults (45-54 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
MA2: Middle Age Adults (54-64 yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
OA: Older Adults (65+ yrs)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
PWD: People with Disabilities	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Gender (ie: Males/Females/Both) _____

Fitness Assessment (Y/N/Recommended) _____

Exercise Level (Heavy/Moderate/Light) _____

Competitive? (Y/N) _____

Supervision Required to participate in activity (Y/N) _____

Frequency _____

Cost (Free/or cost per session/term/season) _____

Membership details - (ie: cost/duration/details) _____

Disabled Access (Y/N) _____

Parking (Y/N) _____

Disabled Parking (Y/N) _____

Toilets (Y/N) _____

Disabled Toilets (Y/N) _____

Bus Station (closest bus no. & company) _____

Walk from Bus (no. of minutes to destination) _____

Train Station (closest train station) _____

Walk from Train (no. of minutes to destination) _____

Last Updated _____

Date Authorised (privacy) _____

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I understand that the information above (please print) will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

Signature: **Date:**