

Central West Women's Health Centre

Women's Walking Group



CLIENT REGISTRATION FORM



Walking group happens each Monday at 9.30am starting March 3, 2008

Enrol now at the centre: 20 William Street, Bathurst

Or for more information phone: 6331 4133

Please complete the front and back of this enrolment form, circling where required, and return to the front desk or organiser.

Title	Ms	Miss	Mrs	Other (please specify)
Given Name				
Street Name				
Town/Suburb			Post Code	
Phone No.	Home		Work	
	Mobile		TTY	
Email Address:				
Date of Birth				
Medicare No.			Reference No	
If 'No', how can we contact you?				
In an emergency, who can we contact?				
Phone No.				
What country were you born in?				
What country have you lived in for most of your life?				
Are you:	Aboriginal	Yes	No	/Torres Strait Islander Yes No
What is your cultural background?				
What language do you prefer to speak?				
Do you need an interpreter? Yes No				
If 'Yes', for what language?				
Do you have a disability or suffer from a long-term health problem? Yes No				
If 'Yes', what kind of disability or long-term health problem?				
What is your financial situation?		Employed	Student	Pension/Benefit
		No Income	Other	
If 'Employed', on what basis?		Full time	Part time	Casual
How did you hear about our Centre?		Friend/Associate/Relative		Website
		Professional/Organisation		Newspaper/Magazine
		Centre Flyer/Pamphlet		Other