

programme **management** **YWCA P1**

Enrolment Form for participants

Please print

Name in full: _____

Date of birth: _____

Address: _____

Postcode: _____

Telephone: Home: _____ Work: _____

Email Address: _____ Mobile Ph: _____

Name of Emergency Contact Person: _____

Relationship to Participant: _____

Telephone: Home: _____ Work: _____

I, (name) _____ signify my enrolment in the YWCA Encore programme. In doing so I waive all and any claim, right or course of action against the YWCA in New Zealand, its officers and servants for any accident or illness which occurs during participation in the Encore programme.

I further authorise the said officers or servants or contractors of the YWCA to administer first aid and/or procure medical assistance, as they may determine necessary, in the event of any illness or accident which may occur whilst attending the Encore programme, and agree to meet any expenses incurred therein.

Signature: _____

Date: _____



programme management **YWCA P2**

Medical Approval Form

(to be signed by general practitioner or specialist)

Encore is a non-medical exercise and support programme for any woman who is at least eight weeks post-breast cancer surgery. It consists of gentle floor and pool-based exercises.

The exercises have been developed in consultation with relevant health professionals.

All programmes are delivered by trained Encore coordinators who also have first aid and CPR qualifications.

Medical approval is sought before a woman may participate in the programme and you are asked to complete and sign the form below. If you require any additional information about the programme please contact the person named at the bottom of this form.

I (print full name of physician) _____

give approval for (print full name of participant) _____

to participate in the YWCA Encore programme.

Are there any recommended limitations? (please tick) Yes No

If yes, please specify:

For more information on the YWCA Encore programme please contact:

Signature: _____

Date: _____



programme management **YWCA P3**

Health Assessment (Confidential)

Name in full: _____

Name of Doctor: _____ Phone number: _____

Do you have, or have you had, any of the following? (tick as appropriate):

			Controlled?	
Fainting/dizzy spells	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Epilepsy	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Heart condition	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
High blood pressure	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Low blood pressure	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Asthma	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Anaemia	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Breathlessness	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Diabetes	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Chest pains	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

Arthritis, or other joint or muscle problems? (include hip or knee replacement information)

If yes, what? _____

If yes, where? _____

If other than above, describe: _____

Are you currently taking any medication? Yes No

If yes, what medication are you taking? _____

What is the medication for? _____

Are there any medical reasons why you would have difficulty in taking part in a gentle exercise programme? Yes No

If yes, what? _____

Signature: _____

Date: _____



programme management **YWCA P4**

Confidential Treatment Information
to assist the coordinators in planning exercises

Name: _____ Date: _____

Details of surgery (tick as appropriate):

- Radical mastectomy
(breast, lymph glands and muscles) left breast right breast both breasts
- Modified radical mastectomy
(breast and lymph glands) left breast right breast both breasts
- Lumpectomy
(wide local excision) left breast right breast both breasts
- Removal of lymph glands/nodes left side right side both sides
- Reconstruction surgery left side right side both sides

Date (year/years) of surgery _____

Type of Treatment: Chemotherapy Radiotherapy Medication

Are you still undergoing treatment? Yes No

If yes, what treatment ?

Do you have lymphoedema? No Left arm Right arm Other

If other, please describe:

Do you suffer from stiffness of muscles/joints Yes No

If yes, where?

Rate level of stiffness on scale below:

1 – slight 2 3 4 5 – extreme

Are you suffering from any side effects from your surgery?

If yes, describe:

Agreement for Publicity

(optional)

I authorise the YWCA to record on print, film, or otherwise, my name, likeness and performance during the Encore programme to be used for purposes of promotion and fundraising for the Encore programme.

I understand that all medical information will remain confidential within Encore and will not be disclosed.

Name: _____

Signature: _____

Date: _____

Privacy Consent for collection and handling of personal information

In order to enrol you in the Encore programme, the YWCA needs to collect personal information (including health information) about you. However, privacy laws require the YWCA to obtain your consent before it collects health information about you. If you don't consent to the YWCA collecting such information about you, we will be unable to enrol you in the Encore programme. This is why we need you to read and sign this form.

What is personal information?

Personal information is basically information that can identify you. Health information includes information about your health and the health services provided to you.

Collection of personal information

The YWCA collects personal information about you when you complete the Encore programme's enrolment forms. We may also collect further personal information about you from your doctor (who needs to sign the medical approval form).

Why is personal information collected?

The reason the YWCA needs to collect personal information (including health information) about you is so that it has all the information it needs in order to look after your wellbeing when you participate in the Encore programme.

The YWCA may use non-confidential information for the purposes of research, providing and administering the Encore programme and to distribute newsletters to Encore programme participants.

Personal information may also be aggregated for statistical purposes (for example, to demonstrate how many participants in the Encore programme live in a particular area). However, if information is used in this way, it will not identify you.

Sometimes, your participation in the Encore programme may be recorded for use in Encore programme promotions. However, this personal information about you will not be used in this way unless you consent (by signing the Agreement for Publicity form).

Who is personal information shared with?

The YWCA will only disclose personal information if it is required to do so by law, or if the disclosure is permitted under the Privacy Act.

Access to Personal Information

Under the Privacy Act, you have a right to seek access to personal information which the YWCA holds about you (subject to some exceptions). You may also have a right to request that personal information about you be updated or corrected. We will consider each request on a case-by-case basis.

If you would like to make a request for access under the Privacy Act, please phone YWCA Auckland on 0800 362 673.

Consent

I understand that the YWCA needs to collect personal information (including health information) about me.

I consent to the collection of personal information (including health information) about me, and to the handling of that personal information by the YWCA in the way described in this form.

Signed: _____

Print Name: _____

Date: _____