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**Live Well, Live Long -**

**Ulverstone**

**Registration Form**

Please complete and return via:

**Mail:** Jenelle Wells **Drop off to:** Ulverstone Community Health Centre

 Ulverstone Community Health Centre 48 Water Street

 PO Box 266 Ulverstone TASMANIA 7315

 Ulverstone TASMANIA 7315

**Email:** jenelle.wells@ths.tas.gov.au

**Online:** if you’d like to register online please email Jenelle.

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| --- |
| **Program:** Live Well, Live Long: Ulverstone |
| **Name:**  |
| **Gender:** |
| **Address:**  |
| **Telephone:**  |
| **Email:**  |

*Please turn over…*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** (please circle): | 40 – 50 | 50 – 60 | 60 – 70 | Over 70 |
| Are you Aboriginal? Yes / No | Are you Torres Strait Islander? Yes / No |
| Do you speak a language other than English at home? Yes / NoIf yes, which language do you speak? |
| Are you in good health?  |
| Do you have any health conditions? |
| Is there anything else we need to know? |
| Where did you hear about the program?  |
| What are you hoping to get out of this program? |

**Thank you!**

**We will be in touch before the program start date**

Your information remains confidential to program leaders and coordination staff.

*This award-winning program started as a partnership between the Clarence City Council and the Tasmanian Health Service*