**A group of people wearing sunglasses

Description automatically generated**

**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](mailto:jenelle.wells@ths.tas.gov.au)

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

|  |
| --- |
| **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 / No  If 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*