



Program Registration and Quality Assessment

Provider Name:

Contact information:

Program Location information:

Age Range Program/Service aimed at:

Target Audience for Program/Service:

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal and/or Torres Strait Islander Australians | <input type="checkbox"/> Recent Migrants or refugees |
| <input type="checkbox"/> Older Australians (retirees or pensioners) | <input type="checkbox"/> Culturally or Linguistically diverse people |
| <input type="checkbox"/> People with a disability | <input type="checkbox"/> Women |
| <input type="checkbox"/> Men | <input type="checkbox"/> Carers |

PROGRAM OR SERVICE INFORMATION

1. Please indicate the category in which this program or service provides assistance (select more than one where appropriate)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Diet/Nutrition | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Social Inclusion | <input type="checkbox"/> Stress Relief | <input type="checkbox"/> Falls Prevention |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other: |

2. Is this program delivered/auspiced or licensed under a:

- | | |
|--|--|
| <input type="checkbox"/> Not for profit/Philanthropic organization | <input type="checkbox"/> Private Organisation (Multi practitioner) |
| <input type="checkbox"/> Private Organisation (Sole Practitioner) | <input type="checkbox"/> Other |

(If yes, proceed to question 4)

3. For Not for profit/Philanthropic organisations, Private organisations and where the "other" box has been selected:

A) Please provide information on the nature of the program or service below. Please include information about the evidence base of the program or service (i.e. Number of years of program delivery, published articles, provenance of the program/service)

B) Please provide information about the organization providing the program or service

3a. Please indicate the minimum training requirement for those delivering the program
(Please move to Question 5 if you have completed question 3):

- In-House Training Certificate III/IV (Tafe/vocationally trained) Diploma level
 Bachelor Degree Other

4. For Private Organisations, (sole practitioner) please indicate what level of qualification the practitioner/s operating the service have obtained?

- Certificate III/IV (Tafe/vocationally trained) Diploma level Bachelor Degree
 Post-Graduate qualification (Grad Cert, Grad Dip, Masters PHD) Other

4a. Please indicate the institution where the primary practitioner obtained the qualification

5. Please provide a description of the program or service below:

6. Please indicate which of the following facilities the program or service has available?

- Toilet facilities Disabled access Wheelchair accessible bathroom Childcare available
 On site Gymnasium Mobile Service Parking available

7. Please explain the risk assessment protocols that are undertaken within your program or service (ie. Provision of information to potential clients outlining the risks associated with the program, obtain consent for client participation, indicate that medical advice should be sought prior to undertaking an exercise program etc)

8. Does participation in your program or service require a referral from a health professional?

- No Yes Please explain any specific requirements:

9. Are there any fees and charges associated with your service?

- No Yes Explain:

10. Is membership of an organisation required to participate in your program or service?

- No Yes Explain:

11. Do you have anything further that you would like to add to your application?