



QEII SENIORS AND COMMUNITY CENTRE - REGISTRATION

APPLICANTS DETAILS

Title: _____

Name: _____

Date of Birth: _____ Gender: Female Male

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Country of Birth: _____ Nationality: _____

Are you from Aboriginal/Torres Strait Islander background? Yes No

Are you from a Non-English Speaking background: _____

Do you speak another language other than English at Home? Yes No

If YES, which: _____

Would you like to receive our monthly newsletter/senior event information via email? Yes No

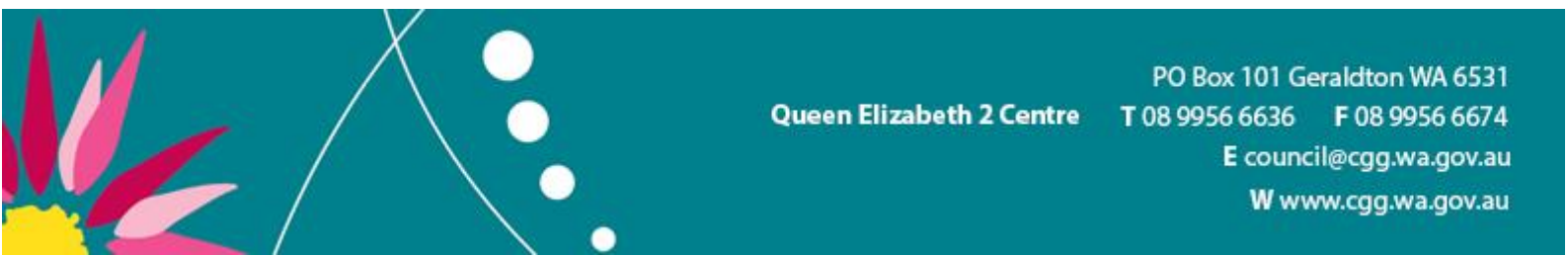
CENTRE AND PROGRAM DETAILS

Are you a first time user of the QEII Seniors & Community Centre? Yes No

Holiday Use? Yes No

What programs/groups do you/or would like to participate in?

- | | | |
|--|--|---|
| <input type="checkbox"/> 500 Card Game | <input type="checkbox"/> African Drumming | <input type="checkbox"/> Art Classes |
| <input type="checkbox"/> Balance Gym | <input type="checkbox"/> Bingo | <input type="checkbox"/> Canasta |
| <input type="checkbox"/> Caring Cuppa
Bereavement Support Group | <input type="checkbox"/> Chat N Do Craft Group | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Darts | <input type="checkbox"/> English as a Second
Language Class | <input type="checkbox"/> Euchre and Frustration |
| <input type="checkbox"/> Foodbank Van | <input type="checkbox"/> Indoor Bowls | <input type="checkbox"/> Justice of the Peace |
| <input type="checkbox"/> Knitters & Crochet Group | <input type="checkbox"/> Laughs and Crafts | <input type="checkbox"/> Line Dancing |



- | | | |
|--|---|---|
| <input type="checkbox"/> Mah-jong | <input type="checkbox"/> National Seniors Inc Meeting | <input type="checkbox"/> One-on-One Technology Lessons |
| <input type="checkbox"/> Over 50's Gentle Gym | <input type="checkbox"/> Parkinson's Support Group - Boxing | <input type="checkbox"/> Pensioners Social Club Inc Meeting and Lunch |
| <input type="checkbox"/> Pickleball | <input type="checkbox"/> Pilates | <input type="checkbox"/> Pole Walking |
| <input type="checkbox"/> QE2 Lounge and Library | <input type="checkbox"/> Rehabilitation Gym | <input type="checkbox"/> Rummikub |
| <input type="checkbox"/> Scrabble | <input type="checkbox"/> Seniors Action Group Meeting and Lunch | <input type="checkbox"/> Seniors Online Room – Computer/Printer Use |
| <input type="checkbox"/> Seniors Recreation Council Geraldton Branch | <input type="checkbox"/> Switched On Seniors/ Be Connected | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Ukulele Dreamers | <input type="checkbox"/> Visibility Australia | <input type="checkbox"/> Walking Group |
| <input type="checkbox"/> Walking Football | <input type="checkbox"/> Zumba Gold | |

Do you have any skills you would like to share at the Centre? *e.g. computer skills/cooking/drama*

Would you like to volunteer at the QEII Centre? Yes No

If YES, in what capacity? _____

Do you have any suggestions/comments for new programs you would like at the centre?

PHOTO RELEASE PERMISSION

I hereby grant the City of Greater Geraldton permission to publish or display digital photos or recordings of my image for any reporting or promotional purposes for photos taken during QEII Seniors and Community Centre activities.

Signature: _____ Date: _____

EMERGENCY CONTACTS

Please provide the names of two (2) emergency contacts in case of an emergency.

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Ambulance *If you require immediate medical attention and ambulance will be called to support your health and well-being.*

Duty of Care *If staff are concerned for your welfare and safety, they will contact your identified emergency contact.*