



# 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 upcoming senior's information/event notifications, 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

Are you a Regular User?  Yes  No

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

500 Card Game

African Drumming

Art Classes

Balance Gym

Bingo

Boxing for Good Health

Canasta

Caring Cuppa –  
Bereavement Support Group

Chat N Do Craft Group

Darts

English as a Second  
Language Class

Euchre and Frustration

Foodbank Van

Gardening Club

IPAD lessons



- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Indoor Bowls                | <input type="checkbox"/> Justice of the Peace @ QEII            | <input type="checkbox"/> Knitters and Crochet Group                   |
| <input type="checkbox"/> Language Classes            | <input type="checkbox"/> Line Dancing                           | <input type="checkbox"/> Multicultural Choir                          |
| <input type="checkbox"/> Multicultural Cooking Class | <input type="checkbox"/> Mahjong                                | <input type="checkbox"/> National Seniors Inc Meeting                 |
| <input type="checkbox"/> Orchid Society              | <input type="checkbox"/> Over 50's Gentle Gym                   | <input type="checkbox"/> Pensioners Social Club Inc Meeting and Lunch |
| <input type="checkbox"/> Pilates                     | <input type="checkbox"/> Pole Walking                           | <input type="checkbox"/> QEII Craft Class                             |
| <input type="checkbox"/> QEII Lounge                 | <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 Recreation Council Geraldton Branch  |
| <input type="checkbox"/> Social Dancing              | <input type="checkbox"/> Table Tennis                           | <input type="checkbox"/> Ukulele Dreamers                             |
| <input type="checkbox"/> Visibility Group            | <input type="checkbox"/> Walking Group                          | <input type="checkbox"/> Walking Football                             |
| <input type="checkbox"/> Yoga for Seniors            | <input type="checkbox"/> Zumba                                  |   |

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

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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?

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## 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: \_\_\_\_\_

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