



**Aboriginal  
Health Council**  
of Western Australia

# Family Wellbeing

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Participant Enrolment Form



## Family Wellbeing Participant Enrolment Form

### Two Day workshops – please tick

- ☐ Men's only - Effective Communication, understanding conflict, conflict resolution & the process of change
- ☐ Women's only - Effective Communication, understanding conflict, conflict resolution & the process of change

### One Day workshops – please tick

- ☐ Integrate principles of wellbeing and effectively guide individuals, families and community through difficult times
- ☐ Coping with Grief and Loss and managing emotional challenges
- ☐ Understand and recognise mental health, stress & crisis management

### Personal Details

Name:

Date of birth:

Address:

Suburb:

Post code:

Region:

Contact phone number:

Email:

1<sup>st</sup> Language:

### I identify as:

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Non-Aboriginal

## Family Wellbeing Participant Enrolment Form

### Emergency Contact Details

Name: Relationship:

Address: Phone:

### I identify as:

☐ Female

☐ Male

☐ Non-Binary

☐ Prefer not to say

### Employment Status – please tick

☐ Employed

☐ Full-time employee

☐ Part-time employee

☐ Self-employed

☐ Volunteer

### If Employed, please give details:

Manager Name:

Employer Address:

Employer phone number:

Mobile no:

Employer email address:

## Family Wellbeing Participant Enrolment Form

### Your Role/Position – please tick

☐ AHW/ AHP

☐ RN/ EN

☐ ALO

☐ FDV worker

☐ SEWB worker

☐ Counsellor/Social worker

☐ Community member

☐ Other

### Education History.

#### Highest level of school completed:

☐ Did not go to school

☐ Completed Year 8 or below

☐ Completed Year 9

☐ Completed Year 10

☐ Completed Year 11

☐ Completed Year 12

#### Further education:

☐ Miscellaneous

☐ Certificate I

☐ Certificate II

☐ Certificate III

☐ Certificate IV

☐ Diploma

☐ Advanced Diploma/Associate Degree

☐ Degree or higher

#### Name of Qualification:

## Family Wellbeing Participant Enrolment Form

**Do you have any additional needs that will support your learning, please tick below:**

**I have a disability that will influence on my learning.**

☐ Yes

☐ No

☐ Hearing impairment

☐ Visual

☐ Physical

☐ Mental health

☐ Acquired brain impairment

☐ Medical condition

☐ Intellectual

☐ Other

**Dietary Requirements for catering:**

**Do you have an allergy/sensitivity to any foods:**

☐ Yes

☐ No

**Do you have a severe reaction to any food? (Anaphylaxis)**

☐ Yes

☐ No

**Please indicate which food you have an allergy or severe allergy/sensitivity too:**

**Please indicate your shirt size:**

**Do you wish to receive a family wellbeing shirt:**

☐ Yes

☐ No

**Women: sizes**

☐ Size 8

☐ Size 10

☐ Size 12

☐ Size 14

☐ Size 16

☐ Size 18

☐ Size 20

☐ Size 22

☐ 24

**Men's: sizes**

☐ Size XS

☐ Size S

☐ Size M

☐ Size L

## Family Wellbeing Participant Enrolment Form

☐ Size XL

☐ Size XXL

☐ Size XXXL

☐ Size XXXXL

### Participant Agreement- by ticking the boxes below, you agree with the following:

The information provided in this application is true and accurate. ☐ Yes

I understand that my organisation is responsible for arranging travel, accommodation and providing for meals and incidentals outside the workshop hours. ☐ Yes

I will notify the Family Wellbeing Team of any individual/family feuding which may affect my learning. ☐ Yes

### Participant Signature

Participant Signature:

Date:

Please scan your completed enrolment form and email it to:  
Michelle de La Haye  
[Michelle.delahaye@ahcwa.org](mailto:Michelle.delahaye@ahcwa.org)  
or  
Brandon Eades  
[Brandon.eades@ahcwa.org](mailto:Brandon.eades@ahcwa.org)