



Health and Wellbeing Collaboration (HAWC) Program Expression of Interest for Volunteers

Thank you for your interest in this innovative education initiative.

Please complete the following form and return it to the HAWC coordinator (address details on pg 2).

Privacy Policy: The Discipline of Physiotherapy at Macquarie University respects your right to privacy and is committed to protecting the privacy of information we hold about you. Personal information supplied to us is only used in education-related activities. Information resulting from interactions with your students may also be used within the Discipline of Physiotherapy. In this case, all information identifying you will be removed. Students will have been trained in privacy and confidentiality requirements prior to attending appointments.

Consent - By completing this expression of interest form you consent voluntarily to participate in the HAWC program, to abide by the HAWC volunteer code of conduct and understand that you have the right to withdraw from the program at any time.

Date _____

MR/MRS/MS/MISS/DR Last name _____ First name _____

Address _____

_____ Postcode _____

Date of birth _____ Age _____ Occupation _____

Phone _____ Email _____

Country of birth _____ Preferred language _____

In case of emergency, who is the best person to contact? _____

Emergency contact's phone no: _____ Do we have permission to contact them if necessary? YES NO

Please provide a very brief medical history & your current problems _____

What interaction are you currently having with the healthcare system? E.g. GP visits, physiotherapy

Medical Disclosure - do you have any of the following conditions?

• Heart problems – heart attack, angina, palpitations, bypass, pacemaker, valves, angioplasty etc.	Yes / No	• Severe vein disorders in the legs or feet, or ulcers	Yes / No
• Discomfort in the chest at rest or exertion	Yes / No	• High cholesterol	Yes / No
• Discomfort in the legs at rest or exertion	Yes / No	• High blood pressure	Yes / No
• Arthritis or major injuries in any joints	Yes / No	• Stroke	Yes / No
• Asthma, emphysema, bronchitis, other lung problems	Yes / No	• Hernia	Yes / No
• Diabetes	Yes / No	• Osteoporosis	Yes / No
• Liver condition	Yes / No	• Swollen feet/ankles	Yes / No
• Kidney condition	Yes / No	• Glandular fever	Yes / No
• Rheumatic fever	Yes / No	• Eating disorder	Yes / No
• Cancer	Yes / No	• Epilepsy	Yes / No
• Dizziness/fainting	Yes / No	• Other (Please describe)	
In the past 6 months have you			
• Fallen	Yes / No		
• Had any operations	Yes / No		
• Been admitted to hospital	Yes / No		

If you have answered yes to any of these questions please provide brief details

What is your current availability for appointments with students? Please indicate any preferred days, holidays or anticipated periods of unavailability in the next year (we understand this may change).

How did you find out about this program? _____

SIGNED: _____ DATE _____

MANY THANKS FOR YOUR TIME

PLEASE RETURN THIS FORM TO:
Jacque North (HAWC Coordinator)
Discipline of Physiotherapy
Ground floor 75 Talavera Rd
Macquarie University NSW 2109

FOR ALL ENQUIRIES PLEASE CONTACT:
Jacque North
T: (02) 9850 2793
jacque.north@mq.edu.au
(Monday, Tuesday, Friday)

OFFICE USE ONLY

Interviewed _____ Volunteer manual sent _____ Informed consent returned _____

Comments: