



Celebrating Abilities Application Form

Thank you for showing an interest in Celebrating Abilities and we look forward to working with you. This form may take 10 minutes to complete.

If any of the questions are not related to your session, then type not applicable. For groups, some of these questions may not be applicable.

1. We would be very grateful and appreciative if you may please complete a testimonial towards the end of your session. Please tick the box if you grant us the permission to publish this:

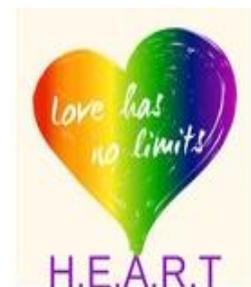
Yes No

2. We require you to give us 24hrs notice for any cancellations on your private sessions, (groups are all paid prior to the session) as we have waiting lists for our time slots. If you cannot make a session please let us know asap. This allows someone else on the waiting list to take your session. Our trainers are here waiting be of service to you so please respect their time. Please tick the boxes so we know you understand.

YES NO

3. We would love it if we could use photos and videos of your training sessions with us here at celebrating abilities. Please tick the following if we have your permission to do so. Photos will be used in our marketing material on both the social media and websites.

Yes. No



H.E.A.R.T.
- our values
H- Happiness
E - Energy
A - Abilities
R - Restorative
T - Together

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

SUBURB _____ POSTCODE _____ STATE _____

PHONE _____

DATE OF BIRTH ____/____/____ EMAIL _____

4. What you would like to achieve and get out of your sessions while you are working with us? What are your fitness and health goals? E.g. Fitness for fun or maybe to try a circus class or perhaps aerial yoga etc. We have so much to offer you.

5. Please advise us what your challenges are, or any conditions that we may need to be aware of – and most important your medical history, so that we can assist you best we can. We will celebrate and focus on your abilities alone.

6. Please advise us if you use any aides e.g. wheelchair walking frame etc?

7. Do you take medications? If yes, please list below:

We are excited to be working with you focusing on your abilities. Please advise us if it is ok to contact your doctor or physio, osteopath, etc. This allows us to learn more about you and your body conditions and medical history and how it affects you. This helps us understand you and your needs so we may help you achieve your goals and create a program tailored to your body and requirements, needs.

Do we have permission to contact your doctor, osteopath, physiotherapist or other specialist if required?

Yes No

If no, please advise why not? _____

NAME _____

(Of Doctor or Osteopath, Physio and/or another therapist/specialist. Please print).

PHONE _____

EMAIL _____

ADDRESS _____

8. Is there anything that may limit you in participating in this program?

By listing your concerns or challenges we can help you work through them together.

9. We require you to bring a Carer, guardian or volunteer so we may have some assistance with each session, as we often need a hand spotting. If you do not have someone who may be able to help you let us know and we will find a volunteer and/or teacher to assist us with each session.

Please note that we pay a teacher for each session to be here and we still require paying them if you do not show up. Again, if you cannot make the session, we require 24 hrs notice.

10. Is there anything else we need to know about you that we haven't asked already? Please advice below:

The following is **very** important:

Please read and tick the relevant box, next to each point, so we know you understand.

- Your 1st step is a full fitness assessment, evaluation. We meet to go over your forms and discuss all activities and what we will do together. We assess your body type and abilities and find out more details about you so we can plan a program to suit your needs.

YES NO

- Please make sure that if you can't sign or need assistance completing this application form, that you get your parents, guardians or carers to read and sign on your behalf.

YES NO

- We require that you are toilet trained or wear appropriate continence pads or have support to attend the toilet (parent, guardian or carer) as require you to be toilet trained.

YES NO

Celebrating abilities is located at 106 Leicester Street, Fitzroy 3065.

We work out of the Vibes fitness studio just off Brunswick Street.

Parking is in Rose Street near the rose street markets. The Car park is just before the markets. Cost: \$5-10 day. If you are having a private session we have a permit pass you may use. Please bring it back after your session as the next client will use the permit pass. Celebrating abilities makes a difference in your life focusing on your abilities. www.celebratingabilities.org.au -

If any of the questions are not related to you, please just write N/A in each question.

Once this form is completed we will then get back to you as soon as possible with time slots for your sessions. We are here to make a difference in your life, celebrating your abilities. 😊

Thank you for taking the time to complete. Please email, or drop in your completed form.

Email: margie@celebratingabilities.org.au Phone: 0412 526 383.