

Participant Enrolment Form

P1

Please print

Name in full _____

Date of birth _____

Address _____

_____ Postcode _____

Telephone Home _____ Work _____

Mobile _____

Email _____

Ethnicity _____

Emergency contact person

Name _____

Telephone Home _____ Work _____

Mobile _____

Relationship _____

I, _____ (name) signify my enrolment in the
YWCA ENCORE programme facilitated by the YWCA of _____.

In doing so, I waive all and any claim, right or course of action against the YWCA in
New Zealand, its officers and servants for any accident, or illness, which occurs during
participation in the YWCA ENCORE programme.

I further authorise the said officers or servants or contractors of the YWCA to administer first aid
and/or procure medical assistance, as they may determine necessary, in the event of any illness
or accident that may occur whilst attending the YWCA ENCORE programme, and agree to meet
any expenses incurred therein.

Signature _____

Date _____



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Medical Approval Form

P2

(For completion by your GP, Oncologist or Breast Surgeon)

YWCA ENCORE is a non-medical exercise and support programme for any woman who is at least eight weeks post-breast cancer surgery. It consists of gentle floor and pool-based exercises. The exercises have been developed in consultation with relevant health professionals, are overseen by an Advisory Committee of health professionals and all programmes are delivered by trained YWCA ENCORE coordinators who have Comprehensive First Aid qualifications.

Medical approval is sought before women may participate in the programme and you are asked to complete and sign the form below. If you require any additional information about the programme please contact the person named at the bottom of this form, or contact the National ENCORE Manager on 0800362673.

I _____ (print full name of physician) give approval for
_____ (print full name of participant) to participate in the
YWCA ENCORE programme.

I certify that my patient is at least 8 weeks post surgery (please tick) Yes No

I certify that my patient can attend whilst undergoing chemotherapy
and/or radiotherapy Yes No N/A

Are there any recommended limitations? (please tick) Yes No

If yes, please specify _____

Signature of Dr: _____

Radiation Oncologist Medical Oncologist Breast surgeon GP

Date: _____

For more information on the YWCA ENCORE programme contact:



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Confidential Health Assessment (Part 1)

P3

Name in full: _____ Date of birth: _____

Name of GP: _____ Telephone: _____

Do you have, or have you had, any of the following? (tick as appropriate)

			<i>Controlled?</i>	
Fainting/dizzy spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Low blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anaemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis or other joint or muscle problems? (include hip or knee replacement information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what/where? _____

Do you have any allergies? Yes No Yes No

If yes, please explain _____

Are you currently taking any medication? Yes No

If yes, what medications are you taking? _____

What is the medication for? _____

Please list any other relevant medical conditions that could affect your participation in a gentle exercise programme? (please note if you have an open wound you are not permitted to enter the water) _____

Confidential Health Assessment (Part 2)

Details of breast surgery and treatment

Date (year/years) of breast surgery: _____

On which side was your breast operation? (please circle) Left Right Both

Did you have lymph nodes removed? (please circle) Yes No

Which side? Left Right Both

Arm Movement (Please complete table)

0 = Slight – 3 = Extreme

Movement of my arm on this side is painful	0	1	2	3
I have a poor range of arm movements on this side	0	1	2	3
My arm on this side feels numb	0	1	2	3
I have stiffness of my arm on this side	0	1	2	3

Have you had further breast surgery (i.e. Reconstruction, other) Yes No

Type of surgery (optional) _____

Date (year/years) of surgery _____

Are you still undergoing treatment? If so which types (please tick all that apply)

Chemotherapy Radiotherapy Medication

Have you been diagnosed with lymphoedema? Yes No

If so, which part/s of the body are affected by lymphoedema:

Do you suffer from stiffness of muscles or joints? Yes No

If yes, where? _____

Rate level of stiffness of scale below:

1	2	3	4	5
slight				extreme

Please list other information relevant to your breast surgery or treatment:

Privacy

P4

Collection and handling of personal information

Why is personal information collected?

The YWCA collects personal information (including health information) so that it has all the information it needs to provide the YWCA ENCORE programme to you, and to look after your wellbeing when you participate in the YWCA ENCORE programme.

We will use your health information to confirm that you are suited to participate in the YWCA ENCORE programme and we will use your contact details to provide you with the YWCA ENCORE newsletter.

The YWCA may extract 'de-identified' data from our records to aggregate that data for statistical purposes (eg to demonstrate demand for the programme in a particular area). However, any reports that are compiled from that data will not identify you, or anyone else.

Occasionally, the YWCA may seek to record footage about the YWCA ENCORE programme for promotional purposes. However, we will not collect any personal information or use your image or footage in which you are featured without obtaining your consent.

Who is personal information shared with?

Your personal information will be collected by the local YWCA Association or partner organisation that is providing the ENCORE Programme to you, and shared only with YWCA Auckland, the body responsible for maintaining the quality of the programme nationally. Your personal information will not be shared between the various YWCA associations.

Personal information of YWCA ENCORE participants will not be disclosed to third parties outside of YWCA Auckland and the YWCA/partner organisation delivering your programme.

Access and correction

Under the Privacy Act, you have a right to seek access to personal information which the YWCA holds about you (subject to some exceptions). You may also have a right to request personal information about you to be updated or corrected.

If you would like to make a request for access under the Privacy Act, please contact the YWCA of Auckland on phone (09) 3759242.

I understand that the YWCA needs to collect personal information (including health information) about me.

Yes No

I consent to the collection of personal information (including health information) about me, and to the handling of that personal information by the YWCA in the way described in this form

Yes No

I am willing to be contacted by YWCA Encore about future YWCA events

Yes No

Signed: _____

Print name: _____

Date: _____



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