

2017 ORGANISATION DETAILS

NSW KNOCKOUT HEALTH CHALLENGE



Team Name: _____

Team Manager & Key Contacts

Who would you like us to send information to?

Name	Mobile	Email	Postal Address
Team Manager			
Key Contact			
Key Contact			

Support Team Details:

Each team is required to nominate details of staff who will be assisting your team for the duration of the challenge:

Expertise	Name	Position	Email
Fitness			
Nutrition			
Other			
Other			

For teams with participants aged 16-18 years

All team members listed above, have obtained a Working with Children's Check

Team Committee Details:

Name	Position	Email

Return forms to: KOHCLiverpool.OPH@sswahs.nsw.gov.au or **Fax:** 8738 6371

2017 ORGANISATION DETAILS

NSW KNOCKOUT HEALTH CHALLENGE

Host Organisation Details

Please supply the organisation and bank details for any funds that may be provided prior and throughout the Challenge. The organisation must be a registration company/cooperation, i.e Aboriginal Medical Service, Primary Health Network, Land Council, Community Organisation, School etc

Organisation	
ABN	
Contact Person Name	
Phone	
Email	
Account Name	
BSB Number	
Account Number	

T-Shirt Sizes:

A maximum of 35 shirts will be provided to teams participating in the NSW Knockout Health Challenge. Please indicate your team's required sizes below.

Size	Number Required
Small	
Medium	
Large	
X-Large	
XX-Large	
3X-Large	
4X-Large	
5X-Large	

Delivery Address

Please provide a delivery address for your team's t-shirts. The address must not be a PO Box.

STREET NUMBER: _____

STREET NAME: _____

SUBURB: _____

STATE: _____

POSTCODE: _____

CONTACT PERSON: _____

Individual shirts will be provided to team members that commence as reserves, if required.

ALL FORMS TO BE RETURNED TO:

KNOCKOUT CHALLENGE TEAM

Email: KOHCLiverpool.OPH@sswahs.nsw.gov.au OR Fax: 8738 6371

NSW KNOCKOUT HEALTH CHALLENGE

INFORMATION SHEET 2017



Before you register, you must agree to the following:

- My participation in any of the events under the Challenge is to improve my health.
- I agree to comply with rules of the Challenge (see Rules section).
- NSW Health is not liable for personal injury and loss or damage due to participation in activities associated with the Challenge.
- NSW Health has the final decision relating to any disputes associated with participation in the challenge.
- I agree not to use any fad diets, diet supplements or surgery to aid weight loss.

How your data will be used:

The information collected on your registration form and final weight form will be used in the following ways:

- NSW Health will use your registration form to confirm your participation in the Knockout Health Challenge. You should also provide this form to your trainer and dietitian/ nutritionist.
- Your weight loss data will be used to determine your team's place in the Knockout Health Challenge.
- Your information will be used to assist with performance monitoring and evaluation of the different challenges. This includes linking your data from this challenge to your data from previous and future challenges, to monitor the impact of participating in multiple challenges.
- Your information will be kept strictly confidential. If challenge data is published, individual participants will not be able to be identified. Results will only be reported for the whole of the Challenge or for each team.

Return forms to: KOHCLiverpool.OPH@sswahs.nsw.gov.au or **Fax:** 8738 6371

2017 PARTICIPANT REGISTRATION FORM - GEORGE ROSE CHALLENGE

NSW KNOCKOUT HEALTH CHALLENGE



Team Name: _____

All fields marked with * are mandatory fields

*First Name:		*Last Name:	
*DOB:	*Preferred Phone Number:	*Gender: (please tick) <input type="checkbox"/> Female <input type="checkbox"/> Male	
*Height (cm)	*Weight (kg)	*Waist (cm)	
Email address:			
SMOKING			
Which of the following best describes your current smoking status?			
<input type="checkbox"/> Smoke daily	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> I've tried a few times but never smoked regularly	
<input type="checkbox"/> Smoke occasionally	<input type="checkbox"/> I've never smoked	If you'd like more information on quitting, tick here <input type="checkbox"/>	
PHYSICAL ACTIVITY			
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant? (e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)		_____ times in the last 7 days	
THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? (e.g. walking from place to place for exercise or recreation)		_____ times in the last 7 days	
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of other moderate-intensity physical activity that increased your heart rate or makes you breathe harder than normal? (e.g. carrying light loads, bicycling at a regular pace or doubles tennis)		_____ times in the last 7 days	
HEALTHY EATING			
How many serves of fruit do you usually eat each day? (1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)		_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? (1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)		_____ serves per day	<input type="checkbox"/> don't eat vegies daily
*Are there any reasons why your doctor or nurse thinks you should not increase physical activity levels or change your current eating habits? If yes, please provide details: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Do you have any physical conditions / impairments that limit how you're able to be physically active? If yes, please provide details: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
You should also pass this information and any recommendations from your doctor or nurse onto your trainer.			

- Yes / No I consent for my photograph to be reproduced/published/disseminated/distributed via electronic and/or other form, to be shown and/or heard in public via television, newspaper, magazine, internet or other means, to be used by NSW Health and other agencies of the Crown. (You will be informed prior to release).
- Yes / No I consent to participate in the Get Healthy Information and Coaching and for the Service to call me on the phone numbers provided. I agree for my participation data and weight data to be collected and used by or on behalf of NSW Health and used and disclosed for the purposes as described in the Information sheet (page 26).

Your Signature: _____ Date: _____

DOCTOR / HEALTH PROFESSIONAL

I have reviewed the participant information and confirm the weight, height & waist as a true and accurate record. I am monitoring any medical conditions / impairments that are listed above

*Doctor/Health Professional Name (print): _____

*Position & Organisation: _____

*Signature: _____ *Date: _____

I have discussed the 715 Health Check with the participant.

2017 FINAL WEIGHT RECORD FORM - GEORGE ROSE CHALLENGE

NSW KNOCKOUT HEALTH CHALLENGE



CONGRATULATIONS on completing the Challenge!!

All fields marked with * are mandatory fields

*Team Name:		
*Name:		*DOB:
*FINISH WEIGHT (1 decimal point)	*Waist (cm)	
SMOKING		
Which of the following best describes your current smoking status?		
<input type="checkbox"/> Smoke daily	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> I've tried a few times but never smoked regularly
<input type="checkbox"/> Smoke occasionally	<input type="checkbox"/> I've never smoked	If you'd like more information on quitting, tick here <input type="checkbox"/>
PHYSICAL ACTIVITY		
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant? (e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)	_____ times in the last 7 days	
THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? (e.g. walking from place to place for exercise or recreation)	_____ times in the last 7 days	
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of other moderate-intensity physical activity that increased your heart rate or makes you breathe harder than normal? (e.g. carrying light loads, bicycling at a regular pace or doubles tennis)	_____ times in the last 7 days	
HEALTHY EATING		
How many serves of fruit do you usually eat each day? (1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)	_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? (1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)	_____ serves per day	<input type="checkbox"/> don't eat vegies daily

HEALTH PROFESSIONAL/WORKER

I have reviewed the participant information and confirm the submitted weight data as a true and accurate record.

*Name:	
*Position & Organisation	
*Signature:	*Date:

**ALL Participants to weigh in between
5-9 June 2017.**

All team forms are DUE by 9 June 2017

ALL FORMS TO BE RETURNED TO:

KNOCKOUT CHALLENGE TEAM

**Email: KOHCLiverpool.OPH@sswahs.nsw.gov.au
OR Fax: 8738 6371**



2017 PARTICIPANT REGISTRATION FORM - JULIE YOUNG CHALLENGE

NSW KNOCKOUT HEALTH CHALLENGE



Team Name: _____

All fields marked with * are mandatory fields

*First Name:		*Last Name:	
*DOB:	*Preferred Phone Number:		*Gender: (please tick) <input type="checkbox"/> Female <input type="checkbox"/> Male
*Height (cm)	*Weight (kg)	<input type="checkbox"/> Use final weight from the George Rose Challenge	*Waist (cm)
Email address:			
SMOKING			
Which of the following best describes your current smoking status?			
<input type="checkbox"/> Smoke daily	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> I've tried a few times but never smoked regularly	
<input type="checkbox"/> Smoke occasionally	<input type="checkbox"/> I've never smoked	If you'd like more information on quitting, tick here <input type="checkbox"/>	
PHYSICAL ACTIVITY			
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant? (e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)			_____ times in the last 7 days
THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? (e.g. walking from place to place for exercise or recreation)			_____ times in the last 7 days
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of other moderate-intensity physical activity that increased your heart rate or makes you breathe harder than normal? (e.g. carrying light loads, bicycling at a regular pace or doubles tennis)			_____ times in the last 7 days
HEALTHY EATING			
How many serves of fruit do you usually eat each day? (1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)		_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? (1 serve = one small handful or 1/2 cup of cooked vegies or 1 cup of salad vegetables)		_____ serves per day	<input type="checkbox"/> don't eat vegies daily
*Are there any reasons why your doctor or nurse thinks you should not increase physical activity levels or change your current eating habits? If yes, please provide details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you have any physical conditions / impairments that limit how you're able to be physically active? If yes, please provide details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
You should also pass this information and any recommendations from your doctor or nurse onto your trainer.			

- Yes / No I consent for my photograph to be reproduced/published/disseminated/distributed via electronic and/or other form, to be shown and/or heard in public via television, newspaper, magazine, internet or other means, to be used by NSW Health and other agencies of the Crown. (You will be informed prior to release).
- Yes / No I consent to participate in the Get Healthy Information and Coaching and for the Service to call me on the phone numbers provided. I agree for my participation data and weight data to be collected and used by or on behalf of NSW Health and used and disclosed for the purposes as described in the Information sheet (page 26).

Your Signature: _____ Date: _____

DOCTOR / HEALTH PROFESSIONAL

I have reviewed the participant information and confirm the weight, height & waist as a true and accurate record. I am monitoring any medical conditions / impairments that are listed above

*Doctor/Health Professional Name (print): _____

*Position & Organisation: _____

*Signature: _____ *Date: _____

I have discussed the 715 Health Check with the participant.

2017 FINAL WEIGHT RECORD FORM - JULIE YOUNG CHALLENGE

NSW KNOCKOUT HEALTH CHALLENGE



CONGRATULATIONS on completing the Challenge!!

All fields marked with * are mandatory fields

*Team Name:		
*Name:		*DOB:
*FINISH WEIGHT (1 decimal point)	*Waist (cm)	
SMOKING		
Which of the following best describes your current smoking status?		
<input type="checkbox"/> Smoke daily	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> I've tried a few times but never smoked regularly
<input type="checkbox"/> Smoke occasionally	<input type="checkbox"/> I've never smoked	If you'd like more information on quitting, tick here <input type="checkbox"/>
PHYSICAL ACTIVITY		
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant? (e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)	_____	times in the last 7 days
THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? (e.g. walking from place to place for exercise or recreation)	_____	times in the last 7 days
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of other moderate-intensity physical activity that increased your heart rate or makes you breathe harder than normal? (e.g. carrying light loads, bicycling at a regular pace or doubles tennis)	_____	times in the last 7 days
HEALTHY EATING		
How many serves of fruit do you usually eat each day? (1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)	_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? (1 serve = one small handful or 1/2 cup of cooked vegies or 1 cup of salad vegetables)	_____ serves per day	<input type="checkbox"/> don't eat vegies daily

HEALTH PROFESSIONAL/WORKER

I have reviewed the participant information and confirm the submitted weight data as a true and accurate record.

*Name:	
*Position & Organisation	
*Signature:	*Date:

**ALL Participants to weigh in between
4-8 Sept 2017.**

All team forms are DUE by 8 September 2017

**ALL FORMS TO BE RETURNED TO:
KNOCKOUT CHALLENGE TEAM**

**Email: KOHCLiverpool.OPH@sswahs.nsw.gov.au
OR Fax: 8738 6371**



2017 CONSENT FORM. PARTICIPANTS AGED 16-17 YEARS.

NSW KNOCKOUT HEALTH CHALLENGE



Parent/Guardian Consent form

For all participants aged 16-17 years, Parent/guardian consent is required for participation in the Knockout Health Challenge.

By signing this form, you agree to the following conditions. You can cross out any conditions you don't agree to.

- I consent for my photograph to be reproduced/published/disseminated/distributed via electronic and/or other form, to be shown and/or heard in public via television, newspaper, magazine, internet or other means, to be used by NSW Health and other agencies of the Crown. (You will be informed prior to release).
- I consent to this information being sent to the NSW Get Healthy Information and Coaching Service and consent for the Service Staff to call me on the phone numbers provided.

I agree for _____ [participant's name] to take part in the NSW Knockout Health Challenge, and agree that their participation and weight data will be collected and used by or on behalf of NSW Health and their agencies for the purposes as described in the information sheet on Page 26 of the 2017 Knockout Health Challenge Registration Booklet.

*Parent/Guardian Name: _____

*Parent/Guardian Signature: _____

*Date: _____

The following is to be completed by the Team Manager.

All team support members including the team manager have conducted and received a Working With Children Check.

*Team Name: _____

*Team Manager Name: _____

*Team Manager Signature: _____