

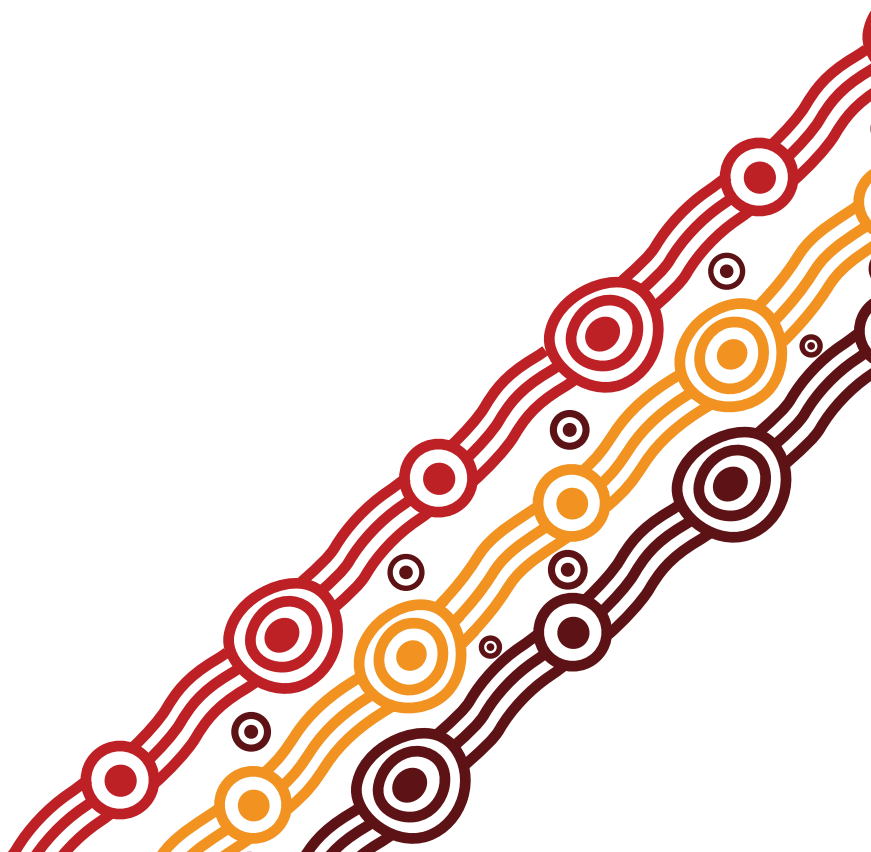


NSW
KNOCKOUT
HEALTH CHALLENGE

MANAGER'S INFORMATION AND FORMS BOOKLET

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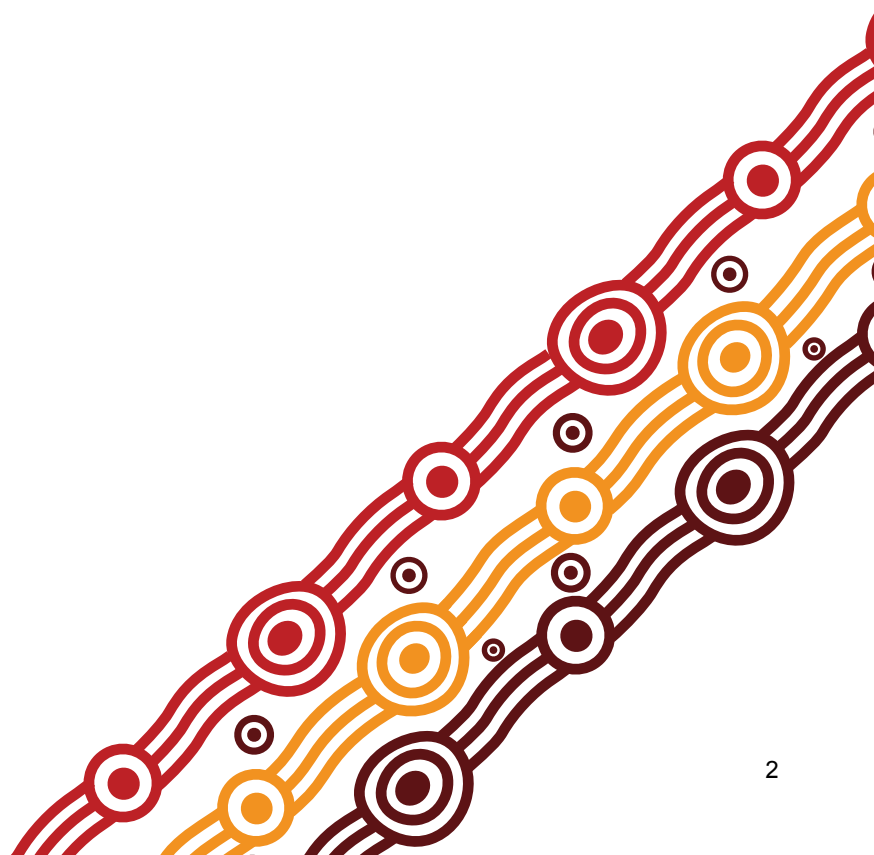


MANAGER'S INFORMATION AND FORMS

Team Managers and Team Committee Members are responsible for planning and delivering the Challenge. This document contains additional forms and information to support you in undertaking your responsibilities.

Participant forms are included in the *Registration Information Booklet*.

The *Support and Tools Handbook* contained in the registration pack has a selection of tools that may support your team. It is recommended you become familiar with these services.



MANAGER'S CHECKLIST



| ITEM | DUE DATE | COMPLETED |
|--|---|--------------------------|
| Recruit participants | Within four weeks before registration closes | <input type="checkbox"/> |
| Source host organisation | Within four weeks before registration closes | <input type="checkbox"/> |
| Set up Team Committee | Within four weeks before registration closes | <input type="checkbox"/> |
| Collect and submit all member registration forms to the Knockout Health Challenge [KHC] team | Within four weeks before registration closes | <input type="checkbox"/> |
| Collect T-shirt forms from team members, complete team T-shirt form and submit to KHC team | Within four weeks before registration closes | <input type="checkbox"/> |
| Submit <i>Start-up Funds Invoice</i> to KHC team. Provide an <i>Acquittal Report</i> and a copy of associated invoices | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Submit <i>Koori Cooking Form</i> to KHC – if undertaking | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Submit <i>Regional Carnival Form</i> to KHC – if undertaking | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Book in <i>Deadly Living</i> with KHC team | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Attend Teleconference One | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Help keep team motivated and on track during the Challenge | Ongoing over the 12 weeks of the Challenge | <input type="checkbox"/> |
| Attend Teleconference Two | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Submit <i>Reserves Form</i> | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Attend Teleconference Three | Refer to <i>Key Dates for Team Leader</i> document | <input type="checkbox"/> |
| Collect and submit all <i>Final Weight</i> forms to the KHC team | Within one week of the completion of the challenge | <input type="checkbox"/> |
| Celebrate with team! | Once challenge is completed and <i>Final Weight</i> forms submitted | <input type="checkbox"/> |
| Winning teams – provide an <i>Acquittal Report</i> and a copy of associated invoices | Within six weeks of receiving prize funds | <input type="checkbox"/> |

HEALTHY CATERING AT KNOCKOUT HEALTH CHALLENGE EVENTS

The Knockout Health Challenge [KHC] is committed to ensuring that healthy food and drink choices are available at all KHC events for participants and the community.

Healthy catering is about providing plenty of healthy food and drink options at all KHC team meetings, educational sessions and related events such as regional carnivals.

Healthy catering guidelines:



1. SWAP SUGARY DRINKS FOR WATER

Healthy catering starts with the removal of sugary drinks that have no nutritional value. Water is the healthiest drink and is the only drink to be served at KHC events.

2. PROVIDE HEALTHY EVERYDAY FOODS

Healthy catering is about providing a variety of foods and drinks from the five food groups (as shown on the healthy food plate page 5). All foods served at KHC events need to come from these five food groups.

Examples of foods to serve at your event include:

- BBQs: lean meats (e.g. chicken, beef, kangaroo skewers, fish, grilled vegetables; brown or wholegrain bread, salads, reduced-salt sauces e.g. tomato)
- Lunches: sandwiches, rolls, wraps, salads, pasta, frittata.
- Snacks: vegetable dips with vegetable sticks, wholegrain crackers, falafel
- Sweets: fresh fruits, frozen fruits, dried fruit and nuts
- For more recipe suggestions go to: www.makehealthynormal.nsw.gov.au and click on the For Aboriginal people link.



3. USE APPROPRIATE PORTION SIZES

Portion sizes have become much bigger over the last 30 years. Eating larger portions adds additional kilojoules (energy) that can end up as extra weight on your body. Providing smaller portions is an easy way to support people to make a healthier choice.



Aboriginal and Torres Strait Islander Guide to **Healthy Eating**

Eat different types
of foods from the five
food groups every day.



Drink plenty
of water.



Use small amounts



Only sometimes
and in small amounts



11/20 September 2015

WANT MORE TIPS?

Please see the Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Toolkit on the Healthy Eating Active Living page at:
www.health.nsw.gov.au/health/Pages/healthy-food-toolkit.aspx

To get ideas for healthy recipes please visit:
www.makehealthynormal.nsw.gov.au



TEAM MANAGER FORMS

Tick off as submitted to KHC team

- TEAM REGISTRATION DETAILS
- HOST DETAILS
- TEAM T-SHIRT ORDER FORM
- PRIZE FUNDS PROPOSAL CHECKLIST FOR TEAMS
- PRIZE FUND PROPOSAL FORM
- START-UP FUNDS SUMMARY
- AGREEMENT TEMPLATE
- KOORI COOKING PROGRAM FORM
(if undertaking)
- KOORI COOKING PROGRAM OUTCOME REPORT
(if undertaking)
- REGIONAL CARNIVAL EXPRESSION OF INTEREST FORM
(if undertaking)



TEAM REGISTRATION DETAILS



Team Name: _____

TEAM MANAGER AND KEY CONTACTS

| Role | Name | Mobile | Email |
|--------------|------|--------|-------|
| 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 16-17 years

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

TEAM COMMITTEE DETAILS

| Name | Position | Email |
|------|----------|-------|
| | | |
| | | |
| | | |

Please provide the best day and time for KHC to deliver the Living Deadly health education session during the Pre-Challenge period.

Day of the week: _____

Time of day: Morning / Afternoon / Evening

*please note that a date will be confirmed with you by the KHC team

Email form to: MOH-Knockout@health.nsw.gov.au

HOST DETAILS

HOST ORGANISATION DETAILS

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

| | |
|-----------------------------|--|
| Host Organisation: | |
| ABN: | |
| Contact Person Name: | |
| Phone: | |
| Email: | |
| Account Name: | |
| BSB Number: | |
| Account Number: | |

TEAM T-SHIRT ORDER FORM

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. Please ensure you complete the number of T-shirts required.

| SKU ID | SIZE | NUMBER |
|----------|------|--------|
| XSBWTEE | XS | |
| SBWTEE | S | |
| MWBTEE | M | |
| LBWTEE | L | |
| XLBWTEE | XL | |
| 2XLBWTEE | 2XL | |
| 3XLBWTEE | 3XL | |
| 4XLBWTEE | 4XL | |
| 5XLBWTEE | 5XL | |
| 6XLBWTEE | 6XL | |
| 7XLBWTEE | 7XL | |
| 8XLBWTEE | 8XL | |

Each participant will also receive 1x Knockout water bottle (IM800), cap (BW230CAP) and a participant handbook (A4-NSWKHCPH).

Delivery Address

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

TEAM NAME: _____

CONTACT PERSON: _____

EMAIL: _____

STREET NUMBER: _____

STREET NAME: _____

SUBURB: _____

STATE: _____ POSTCODE: _____

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

ALL FORMS TO BE RETURNED TO THE KHC TEAM BEFORE REGISTRATION CLOSE DATE

Refer to nswknockouthealthchallenge.com.au for dates.

Email form to: MOH-Knockout@health.nsw.gov.au

PRIZE FUND PROPOSAL CHECKLIST FOR TEAMS

The purpose of this checklist is to provide guidelines for the paperwork required for the distribution of the prize funds to teams placed first, second and third. These dates are subject to change with notice.

**Please note that if steps 4- 6 are not completed teams will be unable to progress to the following steps until relevant documents are received.*

| ITEM | DUE DATE | COMPLETE |
|---|--|----------|
| 1. Teams notified of placing 1st, 2nd or 3rd | Two weeks after final weights due | |
| 2. Teams receive <i>Prize Funds Checklist Form</i> via email | Within one week of winners notified | |
| 3. Host Organisation receives <i>Confirmation of Host Organisation</i> letter via email | Within one week of winners notified | |
| 4. Return <i>Prize Fund Checklist Form</i> with project plans and quotes to KHC team via email | Two weeks after checklist received | |
| 5. Return confirmation of host organisation's detail to KHC via email* | Within two weeks after checklist received | |
| 6. Host organisation sends invoice to KHC team for prize fund amount. | Within two weeks after checklist received | |
| 7. KHC send prize forms to Evaluation Committee for review and to provide feedback to teams about their proposals | Within one week of receiving completed forms | |
| 8. This is the last day that the evaluation committee will return feedback to teams with suggested amendments if applicable | Within two weeks of team submitting proposal | |
| 9. Teams are to process amendments and return the amended proposal to KHC for resubmission to Evaluation Committee for approval | Within a week of receiving feedback from evaluation committee | |
| 10. Once <i>Prize Funds Form</i> approved by Evaluation Committee the relevant team and their auspicing organisation is notified by email | Within one week of notification received from Evaluation Committee | |
| 11. Prize funds will be transferred by the provider to the nominated host organisation's account | Within two to four weeks of approval | |
| 12. <i>Acquittal Report</i> returned to KHC | Within six weeks receipt of funds | |
| 13. If prize funds are not expended in full they are to be returned to KHC | Week following acquittal due date | |

If there are any questions about this process please contact the Knockout Health Team on 8737 6616 or MOH-Knockout@health.nsw.gov.au.

Return forms to KHC via Email: MOH-Knockout@health.nsw.gov.au

PRIZE FUND PROPOSAL FORM

1. YOUR TEAM DETAILS

Team Name: _____

Your Name: _____ **Your Team Role:** _____

Contact Number: _____ **Contact Email:** _____

Amount (Excluding GST) Please circle: \$5,000 / \$7,500 / \$20,000

2. GUIDELINES FOR DISTRIBUTION OF PRIZE FUNDS

- Prize funds cannot be provided as cash/donations to individuals or to the team
- The prize funds are to be used to support existing or new initiatives in your community that promote healthy lifestyles, reduce chronic disease and work towards Closing the Gap. These initiatives need to be available to all community members and not limited to your Knockout Health Challenge team
- You are able to utilise up to 10 percent of the prize funds to support your Koori Knockout team for the annual NSW Rugby League Aboriginal Knockout
- The prize funds need to be expended in full according to the approved plan by XXXXX.

Examples of this possible expenditure could include:

- Capacity building: Provide skilling and/or training of local workers or community members in exercise/fitness, activity, nutrition and healthy living programs. They, in turn, will provide education and programs for the community and run sessions, e.g. Certificate III in Fitness
- Support local community groups that are used by Challenge participants, for example, swimming programs and elders groups
- Purchase and install healthy living infrastructure. Examples may include water bubblers in community, and accessible outdoor exercise equipment
- Purchase gym or exercise equipment for team and community use
- Provide education sessions outlining principles of healthy lifestyle changes for the team and community.

3. PRIZE FUNDS EXPENDITURE

In the document below, please provide detailed information about how your proposed prize funds expenditure will support, motivate and encourage your community to adapt a healthy lifestyle, and reduce the incidence of chronic disease within your community.

1. How do you intend on spending the prize funds?

2. How will this expenditure support, motivate and encourage your community to lead a healthy lifestyle?

PRIZE FUND PROPOSAL FORM CONTINUED



4. PRIZE FUNDS ITEMISED

Please provide an itemised list of how the funds will be spent. It is required that the appropriate quotes/project plans for each itemised spend are attached to this document for submission.

| INVOICE NUMBER | ITEM DESCRIPTION | QUANTITY | INDIVIDUAL PER UNIT COST | TOTAL COST (INCLUDE GST) |
|----------------|------------------|----------|--------------------------|--------------------------|
| | | | | |
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PRIZE FUND PROPOSAL FORM CONTINUED



5. NEXT STEPS

1. Submit this form with associated quotes/project plans to the KHC team by the **XXXXX**.
2. Your host organisation will need to provide confirmation of agreement and an invoice to KHC for the prize amount by **XXXXXX**. Unless this confirmation is received we cannot progress to point 3.
3. You will receive notification via email if your proposal is approved by the **XXXXX**.

Once approved, funds will be transferred to the account nominated on your *Team Registration Form*.

1. You will be asked to provide an *Acquittal Report* and a copy of associated invoices by COB **XXX**.
2. Any prize funds that are not expended by the acquittal date (**XXXXX**) need to be returned to the NSW Office of Preventative Health by Monday **XXXX**.
3. Any variation to the approved prize fund expenditure will need prior authorisation from the Knockout Health Challenge team.

Please contact KHC team for more information.

DECLARATION

I agree that the information contained within this *Prize Fund Proposal Form* is a true and accurate account of how the prize funds are expected to be expended. I agree to abide by the conditions set out in this document and I will notify the NSW Office of Preventative Health in the event of any changes.

Your Name: _____

Signature: _____

*Date: ____ / ____ / ____

START-UP FUNDS SUMMARY



This document outlines the responsibilities of the team and elected host organisation in relation to start-up fund usage.

1. YOUR TEAM DETAILS

Team Name: _____

Your Name: _____ Your Team Role: _____

Contact Number: _____ Contact Email: _____

Host Organisation: _____

Funds have been received and spend? Yes No

2. GUIDELINES FOR DISTRIBUTION/ USAGE OF START-UP FUNDS

Start-up funds are:

2.1 Utilised by teams to support the implementation of the Challenge

2.2 Not be provided as cash/donations to individuals or to the team

2.2.1 Vouchers exempted and KHC approval prior to purchase is required. Vouchers can be used as incentives for participants and to be used on purchasing:

- sporting equipment
- cooking/meal prep equipment
- fresh produce, e.g. fruit and veg shops

Vouchers must be allocated to a store and cannot be visa debit cards. Acquittals must explain the intent of voucher use.

2.3 Please send completed form via email with associated receipts by week five of the Challenge to:

Email: MOH-Knockout@health.nsw.gov.au

2.4 For questions, please contact KHC team:

Phone 8738 6616; or Email MOH-Knockout@health.nsw.gov.au

| INVOICE NUMBER | ITEM DESCRIPTION | INDIVIDUAL PER UNIT COST | TOTAL COST (INCLUDE GST) |
|----------------|------------------|--------------------------|--------------------------|
| | | | |
| | | | |
| | | | |
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DECLARATION

I agree that the information contained within this document is a true and accurate account of start-up grant expenditure. I agree to abide by the conditions set out in this document and I will notify the NSW Office of Preventative Health in the event of any changes.

Your Name: _____

Signature: _____

*Date: ____ / ____ / ____

AGREEMENT TEMPLATE

The following template can be used by the Team Committee and Host Organisation to set up an agreement at the outset of the Challenge.

1. PARTIES

This Memorandum of Understanding is between:

Team Name

And

Host Organisation

2. PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to outline and formalise the partnership between the team participating in the Knockout Health Challenge and the selected Host Organisation. Each participating team must select and nominate an Host Organisation.

3. BACKGROUND

The Host Organisation's role is outlined in the *Registration Booklet*. Host Organisations are required to receive funds (start-up and prize funds, if eligible) on behalf of the participating teams. The Host Organisation and Team should agree on their terms of engagement including the roles and functions of each party.

4. FUNCTIONS AND ROLES

[Team Name] will:

- 4.1. Organise the recruitment and registration of the Team
- 4.2. Facilitate the training and delivery of the sessions
- 4.3. Promote the program
- 4.4. Engage Auspicing organisation and agree on terms of engagement (i.e. roles and functions)

[Host organisation] will:

- 4.5. Receive the start-up funds and expend as agreed
- 4.6. Agree to support the team as discussed with the Team Committee

5. TERM

This MOU will commence on the date of signing and will continue in force until the end of the Challenge (or as agreed).

6. SIGNATORIES

Signed for and behalf of [INSERT Team Name]

By

Name (print): _____ **Position:** _____

Signature: _____ **Date:** ____ / ____ / ____

Signed for and behalf of [INSERT Host Organisation]

By

Name (print): _____ **Position:** _____

Signature: _____ **Date:** ____ / ____ / ____

KOORI COOKING PROGRAM FORM



Team Name: _____

Your Name: _____ Your Team Role: _____

Contact Number: _____ Contact Email: _____

Please complete your application to run the four-week Koori Cooking Program in your community.

Why would you like to run a cooking program in the local community?

What benefits do you anticipate the program will have on your community?

Have you been able to secure a sponsor for the other 50 percent required for running this program? Yes No

Please outline details of partnership, including where the additional funding will come from

Where will the program take place? _____

Do you have any further information that might support your application for this small grant?

How will you promote the four-week Koori Cooking Program?

What week/ date will you start the program? _____

KOORI COOKING PROGRAM FORM CONTINUED



How will you ensure the program's success?

Who will you target for participation (note: 10-12 people only)?

CONDITIONS OF APPLICATION

The NSW Aboriginal Knockout Health Challenge will be providing \$500 small grants to eligible communities for them to undertake this exciting and innovative initiative. Teams will need to source the other 50 percent of the cost of the training (\$500) from either their host organisation or a community organisation willing to support this local initiative.

In submitting this form you are agreeing to the following terms and conditions:

- You have read the Koori Cooking Program *How To* guide and understand the project in full
- The team's Koori Cooking training coordinator (or representative) will attend a Train the Trainer teleconference with the Heart Foundation. You will receive notification via email if your proposal is approved. Please refer to the *Koori Cooking Program Key Dates* document included in the *Registration Pack* for outcome date
- The cooking program is for 10-12 participants
- This program is designed to support local initiatives in your community that promote healthy lifestyles, reduce chronic disease and work towards Closing the Gap. These initiatives can be available to community members outside your team and are not limited to your Knockout Health Challenge team
- The small grant funds must to be expended in full by end of the current Challenge.

PROCESS FOR EXPENDITURE OF SMALL GRANT FUNDS

- You are required to return completed forms by the application due date as advised on the *Koori Cooking Program Key Dates* document included in the *Registration Pack*.
- You will receive notification via email if your proposal is approved. Please refer to the *Koori Cooking Program Key Dates* document included in the *Registration Pack*.
- Your host organisation will need to provide an invoice to NSW Ministry of Health for the small grant funds amount **before the commencement of the challenge**
- Once approved, prize funds will be transferred to the account nominated host or community organisation listed in this document
- Any small grant funds that are not expended by the acquittal date (end of the relevant Challenge) need to be returned to the NSW Office of Preventative Health by end of the nominated Challenge.

DECLARATION

I agree that the information contained within this small grant application is a true and accurate. I agree to abide by the conditions set out in this document and I will notify the NSW Office of Preventative Health in the event of any changes.

Your Name: _____

Signature: _____

*Date: ____ / ____ / ____

KOORI COOKING PROGRAM OUTCOME REPORT

Team Name: _____

Your Name: _____ Your Team Role: _____

Delivery dates of program: ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Venue: _____ Time of day/time program was run: _____

What promotions/marketing did you run?

Comments by participants on benefits of the program

| WEEK | NUMBER OF PARTICIPANTS | | |
|--------|------------------------|------|--------|
| | TOTAL | MALE | FEMALE |
| WEEK 1 | | | |
| WEEK 2 | | | |
| WEEK 3 | | | |
| WEEK 4 | | | |

The following questions should be completed by the organiser:

Do you feel the four-week Koori Cooking Program was a success? Yes No

What were the key factors in making it successful?

What were the key challenges?

KOORI COOKING PROGRAM OUTCOME REPORT CONTINUED



How useful did you find the program in promoting a healthy lifestyle in your community?

- Very Useful
- Useful
- Somewhat Useful
- Not Useful

Please help us understand more by providing comments, below:

Would you recommend running this program again in the community? Yes No

Do you have any suggestions or recommendations of ways to improve the Koori Cooking Program or the small grants program in future?

Please attach the following:

- All completed participant 'before' evaluation forms
- All completed participant 'after' evaluation forms
- Photos*
- Testimonials*

**in providing photos and testimonials you are agreeing to KHC using the images for promotional purposes.*

REGIONAL CARNIVAL EXPRESSION OF INTEREST FORM



Regional carnivals are community days run by Challenge teams with and for their neighbouring teams.

The Knockout Health Challenge Team provides limited sponsorship towards healthy catering. Support is also available from the provider in assisting with ambassador attendance at the carnival.

Teams hosting and attending the regional carnival will be awarded points. This contributes towards each team's overall point tally for the Challenge Shield.

If your team is interested in hosting a regional carnival, please complete the form below:

Team Name: _____

Team Manager: _____ **Contact Number:** _____

Contact Email: _____

Proposed Location: _____ **Proposed Date:** ____ / ____ / ____

Proposed Activities:

PLEASE SUBMIT FORMS TO MOH-Knockout@health.nsw.gov.au

Refer to the *Key Dates for Team Leader* document for submission date



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www.facebook.com/NSWKnockoutChallenge
www.nswknockouthealthchallenge.com.au