
APPENDIX - A. FORMS

IMPORTANT INFORMATION



In registering for the Challenge you agree to the following:

- To follow the rules of the Challenge (See page 13 of Registration booklet)
- To be responsible for your own health and wellbeing. NSW Health is not liable for personal injury, loss or damage due to activities associated with the Challenge.
- To not use any fad diets, supplements or surgery to help you lose weight (including bariatric surgery within the last 12 months).
- NSW Health will have the final decision on any disputes that arise about the Challenge.
- NSW Health will use your personal information as described in the Privacy Statement (below).

PRIVACY STATEMENT

- All your personal information is confidential. Your personal information such as your name and weight will not be published.
- Your completed registration form allows you to participate in the nominated Challenge and will be shared with third party, the Australian Prevention Partnership Research Centre (TAPPC) who will manage the data from the participant registration form, final weight form and participants aged 16-17 Consent form. Remember to give a copy to your trainer and dietitian/ nutritionist.
- 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.
- Information about your weight loss will be combined with your team's weight loss to decide your team's place in the Challenge (see page 13 of the Registration booklet for further information on winner calculations).
- Combined team data from the Challenge will be used to:
 - o Report on the Challenge outcomes
 - o Review how the Challenge is being run
 - o Improve future Challenges
 - o Research and publish on the Challenge and Aboriginal health. If published, individual participants will not be able to be identified.
- If you consent to participate in the Get Healthy Service and/or NSW Quitline, your first name, surname, contact number and date of birth will be securely shared with the respective service.

Return forms to: MOH-Knockout@health.nsw.gov.au or **Fax:** 8738 6371

2018 PARTICIPANT REGISTRATION FORM CHALLENGE 1



Team Name: _____

T-shirt size (please circle):
S / M / L / XL / 2XL / 3XL / 4XL / 5XL / 6XL / 7XL / 8XL

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)	
*Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
HEALTHY EATING			
How many serves of fruit do you usually eat each day? <small>(1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)</small>		_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? <small>(1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)</small>		_____ serves per day	<input type="checkbox"/> don't eat vegies daily
PHYSICAL ACTIVITY			
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that made you sweat or puff and pant? <i>(e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)</i>			_____ times in the last 7 days
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? <i>(e.g. walking from place to place for exercise or recreation)</i>			_____ 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 made you breathe harder than normal? <i>(e.g. carrying light loads, bicycling at a regular pace or doubles tennis)</i>			_____ times in the last 7 days
I consent to participate in the Get Healthy Information and Coaching Service and to call me on the number provided. <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.			
I have had a 715 health check in the past 12 months.			<input type="checkbox"/> Yes <input type="checkbox"/> No
SMOKING			
Which of the following best describes your current smoking status?			
<input type="checkbox"/> Current Smoker	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Never Smoked	
I would like to receive a call on the number above from NSW Quitline to help me to quit smoking. For info: bit.ly/2Dya0SF <input type="checkbox"/> Yes <input type="checkbox"/> No			

DOCTOR (Please ensure all sections are completed)

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

*Doctor Name (print): _____

*Position & Organisation: _____

*Signature: _____ *Date: _____

I have read and agree to all information contained in this registration pack. I certify that the information I have provided in this registration form is accurate.

*Signature: _____ *Date: _____

2018 FINAL WEIGHT RECORD FORM

CHALLENGE 1



CONGRATULATIONS on completing Challenge 1!!

All fields marked with * are mandatory fields

*Team Name:		
*Name:	*DOB: / /	
*Finish Weight (kg) (1 decimal point)	*Waist (cm)	
HEALTHY EATING		
How many serves of fruit do you usually eat each day? <small>(1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)</small>	_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? <small>(1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)</small>	_____ serves per day	<input type="checkbox"/> don't eat vegies daily
PHYSICAL ACTIVITY		
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that made you sweat or puff and pant? <i>(e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)</i>	_____ times in the last 7 days	
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? <i>(e.g. walking from place to place for exercise or recreation)</i>	_____ 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 made you breathe harder than normal? <i>(e.g. carrying light loads, bicycling at a regular pace or doubles tennis)</i>	_____ times in the last 7 days	
SMOKING		
Which of the following best describes your current smoking status?		
<input type="checkbox"/> Current Smoker	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Never Smoked

HEALTH PROFESSIONAL/WORKER *(Please ensure all sections are completed)*

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
Monday 28 May - Friday 1 June
All team forms are DUE Friday 1 June 2018**

**ALL FORMS TO BE RETURNED TO:
KNOCKOUT CHALLENGE TEAM
Email: MOH-Knockout@health.nsw.gov.au or
Fax: 8738 6371**

2018 PARTICIPANT REGISTRATION FORM CHALLENGE 2



Team Name: _____

T-shirt size (please circle):
S / M / L / XL / 2XL / 3XL / 4XL / 5XL / 6XL / 7XL / 8XL

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)	
*Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
HEALTHY EATING			
How many serves of fruit do you usually eat each day? <small>(1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)</small>		_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? <small>(1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)</small>		_____ serves per day	<input type="checkbox"/> don't eat vegies daily
PHYSICAL ACTIVITY			
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that made you sweat or puff and pant? <i>(e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)</i>			_____ times in the last 7 days
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? <i>(e.g. walking from place to place for exercise or recreation)</i>			_____ 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 made you breathe harder than normal? <i>(e.g. carrying light loads, bicycling at a regular pace or doubles tennis)</i>			_____ times in the last 7 days
I consent to participate in the Get Healthy Information and Coaching Service and to call me on the number provided. <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.			
I have had a 715 health check in the past 12 months.			<input type="checkbox"/> Yes <input type="checkbox"/> No
SMOKING			
Which of the following best describes your current smoking status?			
<input type="checkbox"/> Current Smoker	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Never Smoked	
I would like to receive a call on the number above from NSW Quitline to help me to quit smoking. For info: bit.ly/2Dya0SF <input type="checkbox"/> Yes <input type="checkbox"/> No			

DOCTOR (Please ensure all sections are completed)

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

*Doctor Name (print): _____
 *Position & Organisation: _____
 *Signature: _____ *Date: _____

I have read and agree to all informatin contained in this registration pack. I certify that the information I have provided in this registration form is accurate.

*Signature: _____ *Date: _____

2018 FINAL WEIGHT RECORD FORM

CHALLENGE 2



CONGRATULATIONS on completing Challenge 2!!

All fields marked with * are mandatory fields

*Team Name:		
*Name:	*DOB: / /	
*Finish Weight (kg) (1 decimal point)	*Waist (cm)	
HEALTHY EATING		
How many serves of fruit do you usually eat each day? <small>(1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)</small>	_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? <small>(1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)</small>	_____ serves per day	<input type="checkbox"/> don't eat vegies daily
PHYSICAL ACTIVITY		
IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that made you sweat or puff and pant? <i>(e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)</i>	_____ times in the last 7 days	
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? <i>(e.g. walking from place to place for exercise or recreation)</i>	_____ 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 made you breathe harder than normal? <i>(e.g. carrying light loads, bicycling at a regular pace or doubles tennis)</i>	_____ times in the last 7 days	
SMOKING		
Which of the following best describes your current smoking status?		
<input type="checkbox"/> Current Smoker	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Never Smoked

HEALTH PROFESSIONAL/WORKER *(Please ensure all sections are completed)*

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
Monday 5 - Friday 9 November 2018**

**All team forms are DUE
Friday 9 November 2018**

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

**Email: MOH-Knockout@health.nsw.gov.au or
Fax: 8738 6371**

2018 ORGANISATION DETAILS

NSW KNOCKOUT HEALTH CHALLENGE



Team Name: _____

Team Manager & 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's Check

Team Committee Details:

Name	Position	Email

Please suggest list the best day and time for the 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*

Return forms to: MOH-Knockout@health.nsw.gov.au or **Fax:** 8738 6371

2018 ORGANISATION DETAILS

Auspecting Organisation Details

Please supply the auspecting 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

Auspecting 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. Please ensure you complete the number of t-shirts required.

Size	Number Required
Small	
Medium	
Large	
X-Large	
XX-Large	
3X-Large	
4X-Large	
5X-Large	
6X-Large	
7X-Large	
8X-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 BY ADVERTISED CLOSING DATE.
Email: MOH-Knockout@health.nsw.gov.au OR Fax: 8738 6371

2018 CONSENT FORM. PARTICIPANTS AGED 16-17 YEARS.



Parent/Guardian Consent form

For all participants aged 16-17 years, your parent and or guardian consent is required for you to participate in the NSW Aboriginal Knockout Health Challenge.

By signing this form, you agree to the following conditions.

I agree for _____ [participant's name] to take part in the NSW Aboriginal 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 "Important Information" above.

*Parent/Guardian Name: _____

*Parent/Guardian Signature: _____

*Date: _____