University of South Australia

Invictus Pathways Program

Expression of Interest

You are invited to submit an Expression of Interest (EOI) to participate in the UniSA Invictus Pathways Program. Participants will be selected based on meeting the entry requirements as well as availability of UniSA resources to take on new applicants into the program.

Some background information regarding your physical activity experience, abilities, motivation, interests and goals is required to assist UniSA in selecting the right mix of personnel to participate.

You are required to complete all aspects of this document and return to UniSA's Veteran Liaision Officer via email: mark.reidy@unisa.edu.au.

Your information will be treated confidentially and will only be shared with your explicit informed consent.

Full Name:_____

DOB: _____

Address: _____

Tel: _____

Email: _____

Emergency Contact: **Name:** _____ **Tel:** _____

Relationship: _____

Employment Information

Are you currently serving? (please circle): Yes / No

Current/previous serving employer (please circle): Army/Air Force/Navy/Emergency Services/Other

Location:_____

Rank: _____

Discharged since: _____

Reason for discharge: _____

Are you currently employed elsewhere? _____

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General Information

1. What are your reasons for contacting the Invictus Pathways Program?

- ○ Support / mateship
- ○ Stress management
- ○ Career support
- ○ Learn a new skill
- ○ Physical rehabilitation
- ○ Involvement in activities
- ○ Relationship Issues
- ○ Other:

2. Select the wellbeing programs that you are interested in:

- ○ Swimming
- ○ Archery
- ○ Cycling
- ○ Next Generation gym access
- ○ Kayaking
- ○ Sailing
- ○ Wheelchair sports
- ○ Exercise & Performance Program

3. What sports/physical activity do you have previous experience in?

4. A personal statement outlining how this activity will support any ongoing recovery, rehabilitation or reintegration goals / outcomes.

5. Why should you be a part of the Invictus Pathways Program?

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6. Are you willing to participate in public/media events? ○ Yes ○ No

7. Are you prepared to participate in our data collection process? This will include both pre and post activity questionnaires, which will be collated completely unidentified and anonymous

○ Yes ○ No

Acknowledgment and Consent

I, _____ acknowledge and agree that:

I am over the age of 18 (eighteen);

Physical activity carries with it an inherent risk. I understand that it is my responsibility not to go beyond my physical capabilities and skill level when participating in The Road Home Wellbeing Program (Program);

I acknowledge and agree that, to the extent permitted by law, The Road Home is not liable for any potential loss, damage, accident, injury or death that may occur as a result of participation in the Program. If I have any health or medical concerns now or during my participation in the Program I will discuss such concerns with my medical practitioner before participating or continuing to participate in the Program. I acknowledge and agree that The Road Home is not liable for any loss, damage, accident, injury or death that may occur as a result of my failing to comply with this condition.

I consent to the collection, storage, disclosure and use of my image, voice and/or identity by or on behalf of The Road Home for the purpose of print publications, websites, social media and advertisements. Copyright in any recording made or image taken by or on behalf of The Road Home of me or any performance of mine, in connection with the specified purpose, is owned by The Road Home and I further agree that any use of my performance or image is authorised for the purposes of the *Copyright Act 1968* (Cth), *Privacy Act 1988* (Cth) and any other applicable laws;

I consent to details of my medical condition being provided for the specified Purpose;

I release the Crown in right of South Australia from any claim by me or anyone on my behalf for any cost, expense, loss or damage arising out of the collection, storage, disclosure or use of my image, voice and/or identity for the specified Purpose or other purposes (including press, TV, print publications, websites and advertisements or any other means of communication whatsoever);

There will be no payment or other consideration paid for the use of my image, voice and/or identity.

Signature:_____ Date:_____

Printed Name:_____ Rank:_____

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Health Information

EXPRESSION OF INTEREST
MEDICAL CLEARANCE FORM AND INITIAL CATEGORISATION

PERSONAL PARTICULARS

Full Name:

Please use one page for each individual medical condition or diagnosis

CURRENT MEDICAL CONDITION/DIAGNOSIS			
Condition/ Diagnosis:			
Impaired muscle power	☐ Yes ☐ No	Amputation ☐ Yes ☐ No Indicate information below	
Spinal Cord Injury	☐ Yes ☐ No	Level of lesion:	Complete/ Incomplete
Orthopaedic Injury	☐ Yes ☐ No	Joints affected:	
Impaired Joint Movement	☐ Yes ☐ No	Joints affected:	
☐ Permanent	☐ Non Permanent	☐ Congenital	☐ Acquired Date of Condition

MEDICATIONS (Including occasional & over-the-counter meds)		
Medication name	Strength / Dosage	When taken

Please indicate category(ies) of injury or illness		
☐ Single Leg Amputee (BK)	☐ Single Leg Amputee (AK)	☐ Double Leg Amputee (BK)
☐ Double Leg Amputee (AK)	☐ Below Elbow Amputee (BE)	☐ Above Elbow Amputee (AE)
☐ Leg Impairment (BK)	☐ Leg Impairment (AK)	☐ Arm Impairment (BE)
☐ Arm Impairment (AE)	☐ Spinal Cord Injury (SCI)	☐ Post-Traumatic Stress Disorder
☐ Traumatic Brain Injury (TBI)	☐ Depression Disorder	☐ Anxiety Disorder
☐ Visual Impairment	(Corrected visual acuity of 20/200 or greater)	
☐ Other:	(Temporary orthopaedic, etc.)	

Allergies. List any allergies you may have:
Restrictions. List current restrictions:

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Health Information

MEDICAL REVIEW QUESTIONS

1. Does the member have:	
Any metal, shrapnel, foreign material in body;	Yes ☐ No ☐
Bleeding, clotting, or bruising problems;	Yes ☐ No ☐
Persistent or residual effects from prior brain injury;	Yes ☐ No ☐
Any heart or lung problems;	Yes ☐ No ☐
Sickle Cell trait;	Yes ☐ No ☐
Problems with exertion or exercise in heat, heat exhaustion or heat stroke;	Yes ☐ No ☐
Vision problems;	Yes ☐ No ☐
Anger, anxiety or stress control issues; and/or	Yes ☐ No ☐
Pain management issues.	Yes ☐ No ☐
Asthma, or trouble breathing	Yes ☐ No ☐
High blood pressure	Yes ☐ No ☐
Drug or alcohol dependence	Yes ☐ No ☐
2. Does the member have problems with:	
Light-headedness, passing out, or other difficulties with exertion or exercise;	Yes ☐ No ☐
Chest tightness or shortness of breath;	Yes ☐ No ☐
Very limited stamina or endurance;	Yes ☐ No ☐
Balance or susceptibility falls;	Yes ☐ No ☐
Nervousness or anxiety problems;	Yes ☐ No ☐
Crowds or crowded situations;	Yes ☐ No ☐
Small, tight or confined spaces;	Yes ☐ No ☐
Tolerance or loud noise; and/or	Yes ☐ No ☐
Bright lights or flashes of light.	Yes ☐ No ☐
3. Does the member require a service animal?	Yes ☐ No ☐
4. Does the member require a full time carer?	Yes ☐ No ☐
5. Does the member require a wheelchair?	Yes ☐ No ☐
6. Does the member need corrective lenses for athletic events?	Yes ☐ No ☐
7. Does the member require and specialised or protective equipment?	Yes ☐ No ☐

UniSA Representative

Signature:_____ Date:_____

Printed Name:_____ Rank:_____ Tel:_____