



Heart Health Program CONFIDENTIALITY AND CONSENT DEED

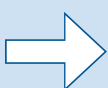
I,
(participant name)

Address.....

Home Phone..... Mobile.....

Email.....

- a. Acknowledge that as a participant in the Heart Health Program provided by Corporate Health Management (CHM) on behalf of the Department of Veterans' Affairs (DVA), I may acquire information that is, by its nature confidential or personal information regarding other group program participants
- b. Agree:
 - (i) to keep all confidential and personal information that I acquire during the group program confidential
 - (ii) not to disclose (to any person) copy or use the confidential or personal information unless authorised by DVA or the owner of the information
 - (iii) to indemnify DVA and CHM for any loss arising from a breach of this Deed
- c. Consent to the DVA using any de-identified data for research purposes
- d. Understand that I will be undertaking physical activity and acknowledge that I have gained medical clearances from my general practitioner and other relevant professionals to participate in the Heart Health Program
- e. Have informed CHM of any issues regarding my physical activity status
- f. Understand there are possible risks involved in my participation of the program
- g. Understand that DVA and CHM are not responsible for any injuries that may result in my participation in the Heart Health Program
- h. Accept that no information regarding my medical history will be disclosed to any person other than persons who have a need to know for the purposes of the program
- i. Understand that I should attend at least 80% of the activities and seminars to remain a participant on the program.



Tick to confirm you have read and agree to the above

continued over

Return via post to:
Heart Health Program Co-ordinator | Corporate Health Management | Reply Paid 91825, Toorak VIC 3142
Return via email to:
hearthealth@chm.com.au



Heart Health Program ELIGIBILITY DECLARATION

I declare that I have never previously participated in a Heart Health Program and that I am an (tick all appropriate):

<input type="checkbox"/> Australian Defence Force (ADF) Veteran	and / or	<input type="checkbox"/> Peacekeeper
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I served in the ADF from to and served overseas in

(year) (year)

..... from to

(country) (year) (year)

..... from to

(country) (year) (year)

..... from to

(country) (year) (year)

and / or

I was a peacekeeper from to on a peacekeeping mission in

(year) (year)

..... from to

(country) (year) (year)

..... from to

(country) (year) (year)

..... from to

(country) (year) (year)

EXECUTED BY THE SIGNATORY AS A DEED SIGNED SEALED AND DELIVERED by:

Name of the signatory:

Signature:

Date:

IN THE PRESENCE OF:

Name of the witness:

Signature:

Date:

OFFICE USE ONLY

Client Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Group Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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