

# God's Way Ltd Participant Programmes

## Participant Preparation Pack Participant Medical Information & Questionnaire

### **Contact information**

This questionnaire is intended to assist programme facilitators in getting to know each participant and to provide contact information in case of an emergency during a project.

Name

Date of birth

Previous names (if any)

Place of birth

Gender (male/female)

Country of residence

Home phone

Mobile phone

Phone number during the project

Address during the project

Address and Postal address (if different from above)

### **Emergency contact information**

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work

Address

Address

### **Medical information**

Hospital/Clinic Preference

Physician's Name

Phone Number

Medicare Card Name (if Australian citizen/resident)

Medicare Card Number

Insurance Company

Policy Number

**Alerts**

In the case of emergency and/or life threatening situations please circle Yes or No below:

Do you have any critical allergies? Yes/No

What is the allergy/allergies?

If yes, do you have special medications? Yes/No (please provide details in the next section).

If yes, fill in details in the next section.

In case of emergency where CPR is required would you like to be resuscitated or not? Yes/No

Are you registered on the national organ donation register? Yes/No

In case of emergency do you consent to anaesthetic? Yes/No

In case of emergency do you consent to having a blood transfusion? Yes/No

**Medical conditions**

Please tick below any relevant medical conditions you have

<b>Anaphylaxis</b>	<input type="checkbox"/>	<b>Allergies</b>	<input type="checkbox"/>	<b>Hay fever</b>	<input type="checkbox"/>
<b>Asthma</b>	<input type="checkbox"/>	<b>Blood pressure</b>	<input type="checkbox"/>	<b>Heart condition</b>	<input type="checkbox"/>
<b>Diabetes</b>	<input type="checkbox"/>	<b>Fainting</b>	<input type="checkbox"/>	<b>Drug reactions</b>	<input type="checkbox"/>
<b>Epilepsy</b>	<input type="checkbox"/>	<b>Fits or Blackouts</b>	<input type="checkbox"/>	<b>Sight/hearing issues</b>	<input type="checkbox"/>

**Other**

*For anaphylaxis, asthma, diabetes, critical allergies or epilepsy conditions, please provide a first aid action plan (please attach on a separate page). In the absence of a specific first aid action plan, standard first aid will be given in an emergency.*

**Describe what happens for any of the conditions ticked above** (symptoms, severity e.g. life threatening, triggers, management, first aid action plan etc.) Please attach what cannot fit here, and your first aid action plan on a separate page:

**If you take any medications, please provide further information below** (name of medication, side effects, dosage, instructions for use, etc.):

***Please bring any medications you require, such as an asthma inhaler, along to the programme***

**For any medical or health issues that may impact or limit your participation in the programme, not listed above, please provide detailed information** (including symptoms and management if applicable):

***Skills & experience***

---

**Occupation**

---

**Current employment**

---

**Previous work experience**

---

**Qualifications** (formal education, informal training)

---

**Any other skills and experience**

***Personal background information***

Please include all relevant details and information for the headings and questions below.

**Relationship status** (partner, married, not in a relationship, etc.)

---

**Children and dependants** (details of care: number of children and/or dependants, your relationship to children and/or dependants, are you the primary care giver, share child care responsibilities, an absentee parent etc.)

---

**Is English your primary language?**

- Yes
- No

**If not, what is your primary language?**

---

**What is your level of understanding English?** (Fluent, intermediate, beginner, other)

**What is your level of speaking English?** (Fluent, intermediate, beginner, other)

**Other languages you speak fluently** (please list)

**Other languages you write fluently** (please list)

---

**Have you been involved in criminal activities in the past?**

- No
- Yes

**If yes please provide details:**

---

**Details of criminal activities** (examples: drug use, drug dealing, drug trafficking, child pornography, abuse, murder, money laundering, stealing, fraud, tax evasion etc.)

---

**Location**

---

**Duration including start and end date (if ceased)**

---

**Date you ceased criminal activity or Are activities ongoing? If not, what date did they cease?**

---

**Do you have a criminal record?**

- No
- Yes

**If you have a criminal record please list:**

---

**Year criminal record was given**

---

**Location**

---

**Reason for criminal record** (list charges and convictions)

---

---

Any other details

---

Have you served jail time?

- No
- Yes

If yes please list:

---

Year

---

Location

---

Duration of jail time

---

Release date

---

Reason for incarceration

---

Are you involved in criminal activities now?

- No
- Yes

If yes, please list in what capacity you are currently involved in criminal activities:

---

Do you have a history of violent abusive behaviour towards others?

- No
- Yes

If yes, have you perpetuated this towards minors?

- No
- Yes

Do you have a history of sexually abusive behaviour towards others?

- No
- Yes

If yes, have you perpetuated this towards minors?

- No
- Yes

**If yes to any/or all the above, please include brief details below** (Please give details of type of abuse. Examples: were you in a position of power such as teacher, boss or parent, did you engage sexual abuse, rape, bullying, systematic attack of a person's character or nature, volatile rage, etc.)

**Do you have a history of self-harm or attempted suicide?**

- No**
- Yes**

If you answered Yes, please fill in additional questions below

**Please indicate if any of the above behaviours are continuing now:**

**What are your current methods for working through these issues?**

---

**Please detail any other relevant information pertaining to morality and safety that may impact you becoming a volunteer** (only include information not previously covered in this questionnaire):

***Volunteering for Divine Truth and God's Way organisations***

**Why do you want to volunteer for Divine Truth and God's Way organisations?** (Provide a brief, concise description)

**What are your strengths?** (Examples: love of God's Truth, personal qualities & attributes, positive character development, skills, etc)

**What are your weaknesses?** (Provide a brief, concise description. Examples: emotional resistances, addictions, main issues preventing relationship with God etc.)

**Are you currently volunteering for Divine Truth or God's Way organisation?** (Please provide details, tasks, time spent etc.)

**Have you volunteered for Divine Truth or God's Way organisations in the past?** (Please provide details including in what capacity, duration, tasks etc.)

**Have you ever been removed as a volunteer for Divine Truth or God's Way organisation?** (Please provide details, date, reason, duration of removal etc.)

**What is your availability to volunteer for Divine Truth and God's Way organisations after the project's conclusion?** (If you are selected as a volunteer what days, dates and times are you available to volunteer?)

**If you live interstate or overseas and are selected as a volunteer in what capacity do you intend to be able to volunteer?**

**Have you volunteered for organisations other than Divine Truth or God's Way in the past?**

- No**
- Yes**

**If yes, please list organisations you have volunteered for, duration, role and activities below:**

**Specialist equipment**

Some group activities in the Selection Project involve using specialised equipment. Please indicate if you have a laptop and/or camera you are willing to bring and use during the project.

Please fill in the details of the equipment & circle the relevant options.

**I am willing to bring my laptop to use for group activities Yes/No** (If Yes please indicate laptop make, model, operating system e.g. windows version or equivalent e.g. linux, text file application).

**What best describes your skill level on a laptop?** Beginner/Intermediate/advanced

**I am willing to bring my camera to use for group activities Yes/No** (If Yes please indicate camera make, model, mega pixels, zoom capacity)

**What best describes your skill level with a camera?** Beginner/Intermediate/ advanced

***Participant declaration***

I agree that all information contained in this document is true and correct

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

***Thank you for your time in answering this questionnaire.***