

「邁向絢麗人生」— 金齡信徒培育課程報名表

首次報讀	<input type="checkbox"/> 是 <input type="checkbox"/> 否 (澳神學生編號：_____)		
姓名 (中)	_____	(英) Name	_____
現有學員如資料有所更改，請提供新資料。			
手提電話	_____	性別	<input type="checkbox"/> 男 (M) <input type="checkbox"/> 女 (F)
郵寄地址	_____		
電郵	_____		
所屬教會	_____		
事奉崗位 (如有)	_____		
緊急聯絡 (必須填寫)	聯絡人姓名	_____	
	手提電話	_____	與報名者關係 _____
學制	整個課程共設 8 個科目，每年最多修讀 4 個科目。每科上課 6 堂，每堂兩小時。學員修畢 8 個科目後，可獲本院頒發證書。		
單元	科目 (粵語授課)	上課地點：澳神辦公大樓 Suite 2, Level 2, 4 Railway Parade, Burwood NSW 2134 上課日期及時間	
1	重整生命邁向絢麗人生	2021: 3/7, 17/7, 7/8, 21/8, 4/9 及 18/9 (週六) 10am-12pm	<input type="checkbox"/> \$400 <input type="checkbox"/> 早鳥優惠 \$320
2	「留金」歲月體健科	2021: 2/10, 16/10, 6/11, 20/11, 4/12 及 18/12 (週六) 10am-12pm	<input type="checkbox"/> \$400 <input type="checkbox"/> 早鳥優惠 \$320
	附加課前體能訓練供學員自由參加 [參加者必須填交附加表格]	2021: 3/7, 17/7, 7/8, 21/8, 4/9, 18/9, 2/10, 16/10, 6/11, 20/11, 4/12 及 18/12 (週六) [分組進行，確實日期有待導師個別安排] 8:30am-9:30am	
早鳥優惠：在開課日期 21 天前報讀可享早鳥優惠 截止報名日期：開課前 7 天 (逾期報名另收手續費 \$20) 名額有限，額滿即止。 查詢：(02) 9715-2992 或 ctca@ctca.edu.au		聲明：本人明白以上所提供的個人資料是為了方便學院的行政，以及作提供合適的神學教育、培訓課程或講座的推廣與其他相關的用途。本人明白提供以上的個人資料純屬自願性質，本人可隨時以書面通知停止賦予授權。本人亦明白可向學院詳加詢問有關的個人資料政策。	
簽名	_____	日期	_____
報名及繳費方式	<input type="checkbox"/> 直接存入本院戶口 (Westpac Bank 032062-697516)，存款後請將收據連同此表格一併電郵至 ctca@ctca.edu.au。 <input type="checkbox"/> 於下方填寫信用卡資料 (本院只接受 Visa 和 MasterCard)，然後將此表格電郵至 ctca@ctca.edu.au。 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard 金額：\$ _____ 號碼： _____ 有效期至 _____ / _____ 持卡人姓名 (請用英文正楷填寫)： _____ 簽名： _____		
Office Use: DD / Card		Receipt #	Date:

澳神金齡信徒培育課程 「留金」歲月體健科附加報名表

* 此附加表格只適用於報名參加「留金」歲月體健科之課前體能訓練 *

The information you provided below is strictly in confidence and is only used by the instructors of the “Body and Health” subject of the CTCA Golden Age Training Program. Registered participants will each receive a free exercise mat. For enquiry, please contact CTCA office. 以下由報名者提供之資料將會保密，只供澳神金齡信徒培育課程「留金」歲月體健科之導師使用。經註冊之參加者可獲贈體操地墊一張。如有查詢，請與澳神辦公室聯絡。

Name: _____

Age: _____

Male

Female

Stage 1: Medical Information

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do you have any other conditions that may require special consideration for you to exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YOU ANSWERED ‘YES’ to any of the above 6 questions, please seek guidance from your medical practitioner prior to undertaking exercise.

IF YOU ANSWERED ‘NO’ to all of the above questions, please continue to the additional medical questions.

Additional medical questions

7. Have you been told that you have high blood pressure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you been told that you have high cholesterol	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you been told that you have high blood sugar (glucose)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you spent time in hospital (including day admission) for any condition/illness/injury during the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Do you smoke cigarettes on a daily or weekly basis or quit within the last 6 months?	If currently smoking how many per day? _____	

Are you currently taking prescribed medication(s) for any other conditions than those above, and what are those conditions?

Please provide details below:

Stage2: Current Exercise levels

<p>Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. <i>For intensity guidelines consult figure 2</i></p>			
Intensity	Light	Moderate	High
Frequency (number of sessions per week)	_____	_____	_____
Duration (total minutes per week)	_____	_____	_____
<p>Total physical activity/exercise per week</p> <p><i>Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)</i></p> <p>TOTAL = _____ minutes per week</p>			
<p>• If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.</p>		<p>• If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.</p>	

I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct.

Client signature: _____

Date: _____

FIGURE 2: Exercise Intensity Guidelines

INTENSITY CATEGORY	DESCRIPTIVE MEASURES
LIGHT	<ul style="list-style-type: none">• An aerobic activity that does not cause a noticeable change in breathing rate• An intensity that can be sustained for at least 60 Minutes
MODERATE	<ul style="list-style-type: none">• An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted• An intensity that may last between 30 and 60 minutes
VIGOROUS	<ul style="list-style-type: none">• An aerobic activity in which a conversation generally cannot be maintained uninterrupted• An intensity that may last up to 30 minutes
HIGH	<ul style="list-style-type: none">• An aerobic activity in which it is difficult to talk at all• An intensity that generally cannot be sustained for longer than about 10 minutes

Stage 3: Client Body Composition (to be filled when training)

Height: _____

Weight: _____

Body Mass Index (BMI): _____

Waist circumference (cm): _____

Blood Pressure (BP): _____

Pulse: _____