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## GOOD TUCKER ALL ROUND



## **Registration Form**

		09.00.00.	O O				
	All questions	must be answered to	the best of your know	rledge.			
Name:							
Date of Birth	:						
Are you;		Aboriginal		Torres Strait Islander			
		Both		Neither			
Phone Numl	ber:						
Address:							
Number of p	eople living at this a	address:					
	erves of fruit and ve what the recomme						
What factors affect your nutrition?					please tick		
	,				yes	no	
	Difficulty getting to	and from the sh	nops?				
	Difficulty lifting or o	carrying produce	?				
	Affording enough h	nealthy food?					
	Knowing what is h	ealthy?					
	Knowing how to co	ook healthy cost	effective meals?	?			
Have you ha	nd an Aboriginal Hea	alth check?					
What condition	ons have you been o	diagnosed with?					
Which health	services do you us	e?					
	peen times in the parties to buy food that		•	have	nleas	se tick	
•	ad and signed the r r Delivery Service?		Conditions of our		picas	o tion	
Please sign			Date <sup>.</sup>				

EAT GOOD TUCKER LIVE LONGER

Please type your name here.

SEND / SUBMIT