

Thank you for your interest in the Sons and Daughters of the West programs. If you have any queries about the programs or require further information to inform your decision to recommend an individual to the programs please call Catherine Dell'Aquila on 9680 6174 or email: [catherine.dellaquila@westernbulldogs.com.au](mailto:catherine.dellaquila@westernbulldogs.com.au)



**Please return this recommendation form via fax to 03 9680 6103 addressed to the Sons and Daughters of the West Team.**

## Sons/Daughters of the West Program Participant Recommendation Form:

Your Name:
Title:
Organisation:
Contact Number:
Email:

### Potential participant's details:

Given Name:
Surname:
Age:
Phone Number(s):
Residential Suburb:
Alternative contact person/Carer (if applicable):

### This recommendation is for:

**Sons of the West** (men's health program)                       **Daughters of the West** (women's health program)

### Please outline the reasons for recommending this individual to the Sons/Daughters of the West Program.


### Please provide an overview of this individual's current level of function (e.g. able to ambulate independently, drives etc.)


### Please outline any medical conditions/considerations that could impact this individual's ability to participate in the program safely (i.e. physical, cognitive or psychosocial health conditions).


### Does this individual have documented clearance by a GP or appropriate Health Professional to partake in physical activity?

Yes                       No

### Given your understanding of the Son/Daughters of the West Program, will this individual require any support to participate?

Yes                       No

If yes, please outline any assistance required to safely participate and whether this support is already in place.
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