

OFFICE USE ONLY
Database entry:/...../.....
Phone follow-up:/...../.....

PARTICIPANT/VOLUNTEER EXPRESSION OF INTEREST FORM

CONFIDENTIALITY:

The information you provide below will not be revealed to anyone apart from NARI staff.

DATE:/...../.....

Do you wish to be RESEARCH PARTICIPANT or a VOLUNTEER? (please tick relevant boxes)

Research participant (i.e., taking part in a research study)	<input type="checkbox"/>
Volunteer (i.e., helping staff with admin duties and events)	<input type="checkbox"/>
Both	<input type="checkbox"/>

Personal Information

Title:	Mr. / Mrs. / Ms. / Dr. / Prof. / other.....	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name:				
Family Name:				
Address:	Street			
	Suburb / Town			
	State			
	Postcode			
Phone:		Date of Birth:	/	/
Mobile:		Country of Birth:		
Email:				
Transport:	Do you drive: Yes <input type="checkbox"/> No <input type="checkbox"/> OR only use public transport: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you like to receive the NARI Aging Well e-newsletter?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Further information - volunteers only

Is there anything specific you can offer as a volunteer (consider your career background, previous volunteer appointments, interests/hobbies etc)?

Emergency Contact

Name:		Relationship:	
Phone:			
Address:			

Please email, fax or post this form to NARI using the contact details below