

Peer Support Group Registration and Permission Form

Name of Group

Year of registration

Website and Social Media

Website address

Number of newsletter subscribers

Facebook

Number of followers

Instagram

Number of followers

Legal Status

Is the group incorporated?

YES

NO

Membership

Number of Members

Age range of Members

Key Contacts

Contact 1

Contact 2

Name

Position

Address

Mobile

Email

Peer Support Group Activities

Face-to-face meetings

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency (for example, once per month)

Online discussions

Platform

(for example, Zoom, Teams)

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Warm water exercise

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Chair based exercise

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Tai Chi

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Nordic walking

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Social outings

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Other (please specify)

Details of Activity

Location

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

Frequency

Networks and Linkages

Please indicate which of the following your PSG has established connections with in your local area

General practitioner
 Medical specialists
 Physiotherapists
 Allied health care professionals
 Other (please specify)

Community Health Centre
 Local Community Organisations
 Local Council
 Multicultural Organisations

By completing and submitting this form you are agreeing to the terms and conditions and other requirements set out in the Musculoskeletal Health Australia Peer Support Group Manual and hereby authorise Musculoskeletal Health Australia to include your PSG details in all relevant communications, marketing and promotions. Further you acknowledge that once any PSG details are made available Musculoskeletal Health Australia is not responsible for how any are used.

Authorised by

Name

Position

I hereby acknowledge that I have read the Musculoskeletal Health Australia Peer Support Group Manual and that I am authorised on behalf of the Peer Support Group to agree to the terms and conditions and other requirements required to be recognised as a Musculoskeletal Health Australia affiliated Peer Support Group.

Signed

Date