

## Expression of Interest

You are invited to submit an Expression of Interest (EOI) to participate in the UniSA Invictus Pathways Program (IPP). Participants will be selected based on meeting the entry requirements as well as availability of UniSA resources to take on new applicants into the program.

Some background information regarding your physical activity experience, abilities, motivation, interests and goals is required to assist UniSA in selecting the right mix of personnel to participate.

You are required to complete all aspects of this document and return to UniSA IPP via email: [invictus@unisa.edu.au](mailto:invictus@unisa.edu.au).

Your information will be treated confidentially and will only be shared with your explicit informed consent.

### Personal Contact Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Email (personal, not work): \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

Where did you hear about the program? \_\_\_\_\_

### Employment Information

Current/Previous Serving Employer (select/tick):  Army  Air  Force  Navy  
 SAPOL  MFS  SAAS Other \_\_\_\_\_

Are you currently serving? (select/tick):  Yes  No

Location: \_\_\_\_\_

Rank & Job Role: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Reason for discharge: \_\_\_\_\_

Are you currently employed elsewhere? \_\_\_\_\_

## General Information

### 1. Select/Tick your reasons for contacting the Invictus Pathways Program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Support / mateship | <input type="checkbox"/> Learn a new skill         | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Stress management  | <input type="checkbox"/> Physical rehabilitation   | Other: _____                                 |
| <input type="checkbox"/> Career support     | <input type="checkbox"/> Involvement in activities |  |

### 2. The Invictus Pathways Program has two different streams of activities:

#### Community Adaptive Sports Program (CASP)

This program offers a suite of community adaptive sports opportunities. Activities range from short courses to ongoing opportunities such as access to the Next Generation gym facilities. The activities are typically group-based and via strong links to community sporting organisations, providing participants and their families with an opportunity to participate in positive, active community activities with other people from the IPP and members of the public. The activities act as a pathway for independent community involvement in the future.

#### Select/Tick the Community Adaptive Sports that you are interested in:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Swimming   | <input type="checkbox"/> Wheelchair Basketball                   | <input type="checkbox"/> Sitting Volleyball |
| <input type="checkbox"/> Archery  | <input type="checkbox"/> Wheelchair Rugby                        | <input type="checkbox"/> Sailing            |
| <input type="checkbox"/> Cycling  | <input type="checkbox"/> Wheelchair AFL                          | <input type="checkbox"/> Kayaking           |
| <input type="checkbox"/> Next Generation gym access<br>(including spin classes) | <input type="checkbox"/> Other (please specify interest/s) _____ |   |

#### What are your reasons for wanting to participate in the selected activities?

Exercise & Performance Program (EPP)

The Exercise and Performance Program involves participation in exercise training sessions at UniSA with an Exercise Science or Exercise Physiology student trainer. Participants can use this activity to work towards competition sports such as the competitive events (e.g. Invictus or Warrior Games, Masters or Police and Fire Games), achieve fitness goals that they might have, or simply improve general well-being.

The EPP is run to benefit both participants and our students and as such requires a commitment of 2 x 1hr gym sessions per week in order to allow our students to reach their placement requirements.

**I am interested in participating in the Exercise & Performance Program (select/tick)**  Yes  No

**Preferred UniSA Sport training locations (select/tick)**

City East Campus  City West Campus  Magill Campus  Mawson Lakes Campus

**Preferred day and time/s for training** (please put a X in the times you would be able to attend training sessions. n.b. we acknowledge this will change and understand shift work can influence your availability each week).

	Monday	Tuesday	Wednesday	Thursday	Friday
6:00-7:00am					
7:00-8:00am					
8:00-9:00am					
9:00-10:00am					
10:00-11:00am					
11:00am-12:00pm					
12:00-1:00pm					
1:00-2:00pm					
2:00-3:00pm					
3:00-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
6:00-7:00pm					
7:00-8:00pm					
Available all day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What do you want to achieve from participating in the EPP? For instance, a personal statement outlining how this activity will support any ongoing recovery, rehabilitation or reintegration into community outcomes.**

**What are your goals for wanting to participant in EPP?**

**What barriers (e.g. work roster, life commitments, medical/health factors) might influence your engagement and participation throughout the Invictus Pathways Program, and how are these/could these be addressed?**

**3. Are you willing to participate in public/media events (select/tick)?**  Yes  No

**4. Are you prepared to participate in our data collection process (select/tick)?**  Yes  No

This will include both pre and post activity questionnaires, which will be collated completely unidentified and

Sensitive: Personal (when complete) Health Information

anonymous.

## **Acknowledgment and Consent**

I, \_\_\_\_\_ acknowledge and agree that:

I am over the age of 18 (eighteen);

Physical activity carries with it an inherent risk. I understand that it is my responsibility not to go beyond my physical capabilities and skill level when participating in The Invictus Pathways Program (Program);

I acknowledge and agree that, to the extent permitted by law, UniSA is not liable for any potential loss, damage, accident, injury or death that may occur as a result of participation in the Program. If I have any health or medical concerns now or during my participation in the Program I will discuss such concerns with my medical practitioner before participating or continuing to participate in the Program. I acknowledge and agree that UniSA is not liable for any loss, damage, accident, injury or death that may occur as a result of my failing to comply with this condition.

I acknowledge, that as a member of the Exercise and Performance Program, data and information will be collected and shared between IPP staff and students involved in my care to provide safe and effective management, and will not be communicated to any person outside of the program unless consent is obtained or if required by law.

I consent to the collection, storage, disclosure and use of my image, voice and/or identity by or on behalf of UniSA for the purpose of print publications, websites, social media and advertisements. Copyright in any recording made or image taken by or on behalf of UniSA of me or any performance of mine, in connection with the specified purpose, is owned by UniSA and I further agree that any use of my performance or image is authorised for the purposes of the Copyright Act 1968 (Cth), Privacy Act 1988 (Cth) and any other applicable laws;

I consent to details of my medical condition being provided for the specified Purpose;

I release the Crown in right of South Australia from any claim by me or anyone on my behalf for any cost, expense, loss or damage arising out of the collection, storage, disclosure or use of my image, voice and/or identity for the specified Purpose or other purposes (including press, TV, print publications, websites and advertisements or any other means of communication whatsoever);

There will be no payment or other consideration paid for the use of my image, voice and/or identity.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## Health Information

### EXPRESSION OF INTEREST – MEDICAL REVIEW QUESTIONS

<b>1. Do you have any of the following:</b>		<b>Please specify where applicable</b>
Any metal, shrapnel, foreign material in body	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bleeding, clotting, or bruising problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Persistent or residual effects from prior brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any heart or lung problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sickle Cell trait	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problems with exertion or exercise in heat, heat exhaustion or heat stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anger, anxiety or stress control issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pain management issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma, or trouble breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug or alcohol dependence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Do you have, or experience, any problems with:</b>		
Light-headedness, passing out, or other difficulties with exertion or exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest tightness or shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Very limited stamina or endurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Balance or susceptibility falls	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nervousness or anxiety problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crowds or crowded situations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Small, tight or confined spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tolerance or loud noise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bright lights or flashes of light	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Do you require a service animal?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4. Do you require a full-time carer?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. Do you utilise, or require, a wheelchair?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6. Do you need corrective lenses for athletic events?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>7. Do you require any specialised or protective equipment?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

## INVICTUS PATHWAYS PROGRAM - CODE OF CONDUCT

The Invictus Pathways Program (IPP) Code of Conduct governs the conduct and expected behaviour of all personnel involved in an authorised IPP activity.

This Code of Conduct is based on the *ASP Code of Conduct*.

### **All Participants including family members and volunteers must:**

1. Behave honestly and with integrity;
2. Respect the rights, dignity and worth of every person you encounter through the IPP regardless of their gender, ability, cultural background or religion. This extends to staff, students, sponsors and supporters of the IPP.
3. Comply with Australian law and the laws of the country you are in;
4. Comply with any lawful and reasonable direction and rules given by any member of IPP Staff, students or Management;
5. While representing the IPP at an event, activity, program or team camp, uphold the good reputation of University of South Australia & Australia.
6. Arrive at all events and activities at the designated time, with all required equipment.
7. Act with integrity and in a manner consistent with the spirit of fair play and responsible conduct;
8. Maintain a level of commitment to the IPP Exercise and performance program, through the attendance guidelines outlined in your introduction information pack.
9. Any alcohol consumption should be done in a responsible manner, and not within eight hours of as scheduled activity/event;
10. Wear designated uniform when directed or recommended.
11. Represent yourself, and the IPP respectfully and positively across all social media platform posts. Any formal media activities must be approved by the UniSA Communications & Marketing Unit prior to undertaking them;
12. Conduct yourself in a professional manner with all staff and students of the University of South Australia at all times.

***For matters the appointed IPP Management considers to be minor misconduct an individual will be counselled, warned and monitored. For matters of serious misconduct an individual will be counselled and removed from the program and future opportunities within the IPP program may be restricted. If overseas or on location at time of misconduct and circumstances permit, the individual may be sent home.***

### **Affirmation:**

I have read the above Code of Conduct.

I agree to abide by this Code as a condition of being named and remaining a member of the Invictus Pathways Program.

I understand that non-compliance may result in immediate removal from the Program.

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**Printed Name**

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**Signature**

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**Date**

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**Witness Printed Name**

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**Signature**

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**Date**