



Participant Registration Form

Welcome to our Community Kitchen!

The following information will be kept strictly confidential and will only be used by the Group Leader or host organisation in an emergency or for reporting purposes (you will not be identifiable when information is used for reporting purposes).

Name of Community Kitchen:

Personal Details

Name:	
Date of Birth:	
Gender (please circle):	Male / Female / Other
Address:	
Phone number/s:	
Email address:	

Contact in case of emergency

Name:	
Daytime phone:	

Case worker (if applicable)

Name:	
Daytime phone:	

Please list any foods that you are medically allergic or intolerant to:

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Do you have any diet related medical conditions (e.g. Type 2 diabetes, high cholesterol):

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Why have you decided to join a Community Kitchens group? (Tick one or more)

- | | |
|---|--|
| <input type="checkbox"/> To learn new recipe ideas | <input type="checkbox"/> To save money on food costs |
| <input type="checkbox"/> To develop my cooking skills | <input type="checkbox"/> To make new friends |
| <input type="checkbox"/> To learn about healthy eating | <input type="checkbox"/> To try something new |
| <input type="checkbox"/> To gain independence and become more self-sufficient | <input type="checkbox"/> Other? _____ |

How will you get to the Kitchen? (Tick one or more)

- ☐ Walk/ Bicycle
- ☐ Drive
- ☐ Get a lift with family/friend
- ☐ Public transport
- ☐ Transport from case worker/community agency

How do you currently rate your ability to cook? (Tick one)

- ☐ No idea at all
- ☐ Not good
- ☐ Average
- ☐ Good
- ☐ I'm an expert

How do you currently rate your ability to budget for food? (Tick one)

- ☐ No idea at all
- ☐ Not good
- ☐ Average
- ☐ Good
- ☐ I'm an expert

Please list any personal strengths or particular skills you feel you can contribute to the group (e.g. cooking skills, knowledge of an international cuisine, good sense of humour etc.):

For the questions below, please tick 'Yes' or 'No':

(Please Tick)	Yes	No
Are you currently involved in paid employment?		
Are you Aboriginal or Torres Strait Islander?		
Do you speak any languages other than English at home?		
Do you require wheelchair access?		
Do you require assistance with reading and writing?		
Do you require assistance with Kitchen tasks such as using knives, measuring ingredients or using the oven?		
Would you be interested in taking on some kind of leadership role in the future (organising shopping, handling money, handling paperwork or helping to plan recipes etc.)?		
Have you completed any food safety training?		

☐ I give permission for the group leader / host organisation to contact me; my nominated emergency contact and / or case-worker if the need should arise. I also give permission for the group leader / host organisation to use information I have provided for reporting purposes, as long as I am not identifiable.

☐ I have read the attached Community Kitchen Guidelines and agree to follow the Community Kitchens group values.

Signed:

Date: