Health Improvement Program (HIP) Winter 2017

Employee Wellness, Department of Human Resources, is accepting application for the Health Improvement Program. This program is designed to offer support and encourage employees to focus on improving and leading healthy lifestyles. Participants of the program will be required to:

- Participate in assessment and monitoring sessions;
- Participate in agreed on training sessions;
- Provide evaluative feedback as requested by Employee Wellness;
- Disclose any conflict of interest; and
- Respect confidentiality during the program

This program recognizes the benefit gained through physical activity and healthy eating and encourages all qualified candidates to express their interest in participation.

Please email completed application to:
Employee Wellness
Department of Human Resources
Arts and Administration Building
Email: kwall@mun.ca

Deadline: January 13, 2017

To be completed by applicant:

Name: Click here to enter text.
Employee #: Click here to enter text.
Email: Click here to enter text.
Department: Click here to enter text.
Current height: Click here to enter text.

How would you benefit from the Health Improvement Program? Please list your wellness/fitness goals. (Example: healthy weight, improved cardio, better eating habits, tone up, etc.) Note: goals should be specific and attainable.
Click here to enter text.
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Currently how many structured workouts (lifting weights, fitness classes, cardio) do you complete per week?  Click here to enter text.

How many recreational fitness activities (hockey, tennis, soccer, etc) do you take part in per week?  
Click here to enter text.

On an average day do you feel you: meet, not meet, or exceed your daily caloric needs?  
Click here to enter text.

How many times in an average week do you indulge in high fat/high sugar foods?  
Click here to enter text.

How many alcoholic beverages do you consume in the average week?  
Click here to enter text.

On the average night how many hours of sleep do you get?  
Click here to enter text.

Do you perceive any barriers preventing the attainment of your program goals?  
Click here to enter text.

Please NOTE:  
This program is offered through the Department of Human Resources and being offered to staff at no registration cost; however, employees are responsible for their own fitness assessments or any costs that may be incurred with being assessed. Employees who are eligible for benefits can avail of the Preferred Rate Program (PRP).
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I understand that if I am currently participating in an independent health management program, the Health Improvement Program is not meant to replace my existing program, but to simply provide additional resources and support.

I wish to take part in the Health Improvement Program and fully understand the requirements.

Please Sign:
Name (please print): Click here to enter text.

Signature: ____________________________ Date: ____________

Privacy Statement:
All personal information collected on this form will be used solely for the administration and management of the Administrative Support Development Program. Personal information is collected under authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to kwall@mun.ca