[Date]

[First Name] [Surname]

[Address]

[Town] [State] [PCode]

Dear [First Name],

# Re: Sustainable Farm Families™ [Program Location]

 [**Days and Date]**

Thank you for agreeing to participate in the Sustainable Farm Families™ program at location of program. I am sure the program will leave a lasting impression of good times, great information and funny stories.

Because we will be collecting confidential personal health information that will be stored in a health record held at the Name of Health Agency please complete the enclosed forms. The feedback from previous Sustainable Farm Families programs recommended participants complete this paperwork before the commencement of the program to ensure efficient scheduling at the workshop.

Please find enclosed:

1. Consumer information form (yellow) 2 sides to be completed
2. Profiles health behaviours/health conditions (white) 2 sides to be completed
3. DASS 21 (white)
4. Farm safety survey (yellow/orange) 2 sides to be completed
5. Your Information It’s Private. (pink)

Please complete the forms numbered 1 – 4 and return them in the reply paid envelope provided by Insert date or earlier. It is important the information is completed accurately.

About a week before the Sustainable Farm Families program commences we shall send final program details.

If you have any questions or require any assistance with completing the forms, or further information, please do not hesitate to call us on insert number. We look forward to meeting you.

Yours sincerely,

## Name of Program Coordinator

Name of Health Service

Position with Health Service