

TIME™ Program Referral & Application Form

Together in Movement and Exercise



Program Description

The TIME™ (Together in Movement & Exercise) Program is a 10-week, community-based exercise program designed by physiotherapists for adults with balance or mobility challenges (e.g., stroke, brain injury, MS, Parkinson's, post-illness weakness). The program focuses on improving walking, balance, coordination, and strength in a safe, supportive group setting.

SECTION 1 – Program Information

Program Dates: January 5th & 7th 2026 – March 16th & 18th 2026

Program Location: Summit Centre

Programming Schedule: Mondays & Wednesdays

Times: 9:00–10:15 AM or 10:30–11:30 AM

Cost: \$200

Referral Requirement: Application must be completed by a qualified health care professional

SECTION 2 – Participant Information

Participant Name: _____

Date of Birth (YYYY-MM-DD): _____

Home Address: _____

City / Postal Code: _____

Phone: _____ **Email:** _____

Emergency Contact (Name & Phone): _____

☐ I confirm I am a resident of the City of Mount Pearl. (Copy of ID or utility bill required)

SECTION 3 – Health Care Practitioner Referral

(To be completed by Physiotherapist, Physician, CTRS, or other related health care professional)

Referring Practitioner Name & Title: _____

Organization / Clinic: _____

Phone: _____ **Email:** _____

SECTION 4 – Medical & Health Information

Diagnosis / Reason for Referral (check one):

☐ Stroke

☐ Brain Injury

☐ Multiple Sclerosis

☐ Parkinson's Disease

☐ Post-illness weakness

☐ Other: _____

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Mobility Supports Used:

☐ None ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____

Relevant Precautions:

☐ Heart condition ☐ Seizures ☐ Joint replacement
☐ Vision / Hearing impairment ☐ Other: _____

Functional Abilities:

☐ Walks independently indoors
☐ Needs help with transfers
☐ Follows 2–3 step instructions
☐ Tires easily
☐ History of falls (past 6 months)

SECTION 5 – Supports Needed During Program

☐ None – Independent participation
☐ Support person required
☐ Volunteer / Instructor mobility assistance
☐ Other: _____

SECTION 6 – Consent & Signatures

I understand that participation in the TIME™ Program involves physical activity and agree to take part at my own risk.

Participant Signature: _____ Date: _____
Practitioner Signature: _____ Date: _____

SECTION 7 – Privacy Notice

The personal information collected in this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and will be used to assess support needs for participation in the CARE Day Program.

For all inquiries or application submissions, please contact: bpelley@mountpearl.ca

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