

Solihull Active Registration Form

To join this activity session it is important that your instructor/leader has a good understanding of your health status and current activity levels. This form also acts as your agreement to exercise and understanding that you take part in activity at your own risk.

Please complete this form and return to your instructor/leader. Your information will be held in accordance with the Data Protection Statement overleaf.

A) Participant Details:

Title		Full name	
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Activity		Venue		Day & Time	
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House number/name and street	
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City/County		Postcode	
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Tel no.		Email address	
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Date of birth:/...../.....	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe
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Please select the occupation which is most appropriate for you: *(Select one option only)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Full time Student | <input type="checkbox"/> Routine & Manual | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Home Carer | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Long term unemployed |
| <input type="checkbox"/> Managerial / Professional | <input type="checkbox"/> Sick / disabled and unable to work | <input type="checkbox"/> Unsure |

Please provide the details of someone who can be contacted in an emergency:

Name:		Tel no:	
Relationship to participant:			

Please tell us how you found out about and joined this exercise programme:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Website/Online | <input type="checkbox"/> Social media | <input type="checkbox"/> Poster/leaflet | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Advice from GP/health professional | |

Other (please state which)

	Never/almost never	Less than monthly	1-3 times a month	1-2 times a week	Everyday/almost everyday
How often do you spend 30 minutes playing sports or physical exercise?					
How often do you spend 15 minutes walking or cycling?					

Please continue overleaf

B) Health Screening:

1. Do you need help with activities of daily living? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, what do you need help with?					
2. Do you consider yourself to have a long-standing illness or disability? (i.e. more than 12 months and likely to continue) Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please specify: <input type="checkbox"/> Long term illness <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Learning disability/difficulty <input type="checkbox"/> Mental health condition <input type="checkbox"/> Other:					
3. Has your doctor ever said you have a heart conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>					
4. In the past month, have you had pain in your chest when you were NOT doing physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>					
5. Do you feel pain in your chest when you do physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>					
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>					
7. Do you ever lose balance because of dizziness or ever lose consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/>					
8. Do you have any condition which requires treatment or medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please specify:					
9. Are you allergic to any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please specify:					
10. Have you been diagnosed by your doctor or health professional with any of the six following medical conditions? <input type="checkbox"/> Heart disease <input type="checkbox"/> COPD (Emphysema/Chronic Bronchitis) <input type="checkbox"/> High blood pressure <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke/TIA					
11. Overall, how satisfied are you with your health? <i>(Please circle one answer only)</i>					
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">Very satisfied</td> <td style="padding: 2px;">Satisfied</td> <td style="padding: 2px;">Unsure</td> <td style="padding: 2px;">Unsatisfied</td> <td style="padding: 2px;">Very unsatisfied</td> </tr> </table>	Very satisfied	Satisfied	Unsure	Unsatisfied	Very unsatisfied
Very satisfied	Satisfied	Unsure	Unsatisfied	Very unsatisfied	

C) About You:

1. Please tell us the type and amount of physical activity involved in your work.

Please mark one box only.

A	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
B	I spend most of my time at work sitting (such as in an office)	
C	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
D	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
E	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	



2. During the **last week**, how many hours did you spend on each of the following activities?

Please mark one box only on each row.

		None	Some but less than 1 hour	1 – 3 hours	3 hours or more
A	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym etc				
B	Cycling, including cycling to work and during leisure time				
C	Walking, including walking to work, shopping, for pleasure etc.				
D	Housework/Childcare				
E	Gardening/DIY				

3. How would you describe your usual walking pace?

Please mark one box only.

Slow pace (i.e. less than 3 mph)

Steady average pace

Brisk pace

Fast pace (i.e. over 4mph)

Office Use Only: GPPAQ Physical Activity Indexes: A MA MI I

4. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1	I've been feeling optimistic about the future	1	2	3	4	5
2	I've been feeling useful	1	2	3	4	5
3	I've been feeling relaxed	1	2	3	4	5
4	I've been dealing with problems well	1	2	3	4	5
5	I've been thinking clearly	1	2	3	4	5
6	I've been feeling close to other people	1	2	3	4	5
7	I've been able to make up my own mind about things	1	2	3	4	5
	Office Use Only: TOTAL					

Data Protection: Your information will be held by Solihull MBC in accordance with the Data Protection Act. For more details on how your information will be used, please visit our website:

www.solihull.gov.uk/About-the-Council/Data-protection-FOI/dataprotection. The information will be used to evaluate the activities organised, improve the effectiveness of our services and show funders that we offer value for money.

The details on this form will be input into a central Solihull Active database, held securely by www.substance.net/views/ and input into a database, held securely by The Active Wellbeing Society, Everyone Active, Torque2 and Kinetic companies which the Council has vetted for information security. This information is used to produce anonymous reports. Follow up questionnaires may be sent to you to evaluate the health and wider benefits of your activity. It is up to you if you wish to complete these and return them to us. The results of any analysis will be used to influence future project developments.

If you have been referred onto one of our programmes by a health professional, summary information about your progress may be shared and sent back to the health professional/service that originally referred you (e.g. with your GP surgery or University Hospitals Birmingham NHS Foundation Trust).

We won't share these details with anybody else, and if you want to have your data removed then you can do this at any time by emailing us at: solihullactive@solihull.gov.uk or using the unsubscribe link in any emails and texts you receive from us.

I have read and understand the above statements.
I confirm that the answers to the above questions are correct to the best of my knowledge.
I understand and agree that I take part in physical activity at my own risk.

Signed:.....

Date:.....

Please see overleaf for marketing and photo consent

Marketing Consent: If you would like us to keep you up to date with local activity including physical activity opportunities and similar news that may be of future interest, please tick this box:

MAILINGS

Please note: Your details are NOT passed to any third party.

Photo Consent: For promotional purposes, Solihull MBC may wish to take photographs during activities. These images may appear in our printed publications, on our website or be sent to local newspapers.

If you consent for Solihull MBC to use images of you for these purposes please tick the relevant box(es):

Photos for printed publications Photos for web/social media Photos for local news/magazines

Your consent for either or both of the above can be withdrawn at any time by contacting 0121 704 8207 or solihullactive@solihull.gov.uk

