



Crawley Wheels for Wellbeing Registration & Consent Form

**Consent to exercise**

(Please Circle)

Q1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
Q2. Have you ever felt pain in your chest when you do physical exercise?	Yes	No
Q3. In the past month, have you had chest pain when you were not doing physical activity?	Yes	No
Q4. Do you often feel faint, have spells of severe dizziness or have lost consciousness?	Yes	No
Q5. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	Yes	No
Q6. Has the doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise?	Yes	No
Q7. Are you currently on any prescribed medicines that may affect your ability to exercise (for example, water pills for your blood pressure or heart condition)?	Yes	No
Q8. Do you know of any other reason that would affect your ability to participate in physical activity?	Yes	No
Q9. Do you have either high or low blood pressure? If so, which type?.....	Yes	No

**IF YOU ANSWERED YES TO ONE OR MORE OF THE QUESTIONS ABOVE:**

We advise that you talk to your doctor either in person or by phone before you start becoming more physically active and/or taking a fitness appraisal.

Tell your doctor what questions you answered yes to on this form.

You may still be able to do any activity you want as long as you start slowly and build up gradually or it may be that you need to restrict your activities to those which are safe for you.

I understand the information regarding the proposed activity and consent to taking part. I understand the conditions and rules that apply to this activity and I accept responsibility for ensuring that I will abide by the agreed procedures for the safety of myself and of the group.

I will inform the leader of any health and fitness conditions not outlined above which may affect my participation prior to the activity, or if there is a future change in my medical condition.

I understand I take part at my own risk and will seek medical advice if appropriate.

Yes                       No                       Unable to consent

**CONSENT OF PARENT/GUARDIAN (YOU WILL NEED THIS IF YOU ARE UNDER 18)**

SIGNED:..... NAME OF PARENT/GUARDIAN:.....

CONTACT NUMBER:..... DATE:.....



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**Consent to share information**

Data Protection Information

Relevant legislation: Data Protection Act 1998

The Wellbeing service that you have contacted is funded by West Sussex County Council Public Health and the District and Borough Councils within West Sussex. Thank you for giving us your personal information, which we need to collect as part of our monitoring processes. In some instances, we need to collect information as a condition of our Public Health funding. Your information will be stored by both the District or Borough Council you have contacted today and West Sussex County Council. It is stored securely and in a confidential manner in accordance with strict Local Authority procedures. The information will be seen by a restricted number of Wellbeing staff and a Public Health Data Officer for West Sussex County Council. Wherever possible, the information will be made anonymous so that only basic statistics are seen on data records, i.e. we will remove your personal details where we can.

In certain circumstances the information you give us may need to be shared with a third party. These include:

- If you agree to be referred to another service
- If you agree that we can pass details to your G.P. or other medical practitioner
- In the event of an emergency, details may have to be shared with the relevant services

Consent to share information

I agree that the information on this form can be shared with other organisations/individuals if it is necessary to help me achieve my aims. *Please tick only one box. The choice can be changed at a later date if the customer agrees.*

Yes, always

Yes to some information but not all (this will need to be agreed with me before sharing)

No, I do not consent to sharing any personal information and understand that this may restrict the support I receive from the Wellbeing and others

Photographic Permission:

Please note: Some sessions may be photographed/videoed, with pictures/footage being used by Crawley Wellbeing and its partners for publicity including internet, broadcasting and general pass.

Please tick below

I **give** my permission to be photographed/videoed

I **do not** give my permission to be photographed/videoed

Customer (or proxy) signature: ..... Date: .....

Relationship to customer if proxy:.....

Verbal consent only  Course coordinator signature:.....