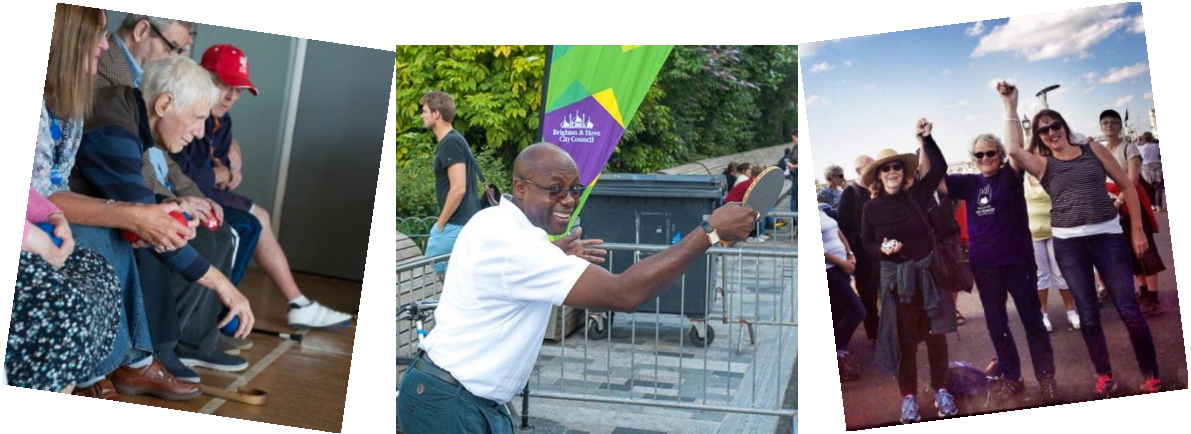


Brighton & Hove City Council Sport & Physical Activity Team

Adult Starter Registration Form



Hello!

Thank you for taking the time to fill out this form. It gives us vital information such as how to contact you, how you heard about us and how your health is. It also helps us make sure that our activities and events are friendly and accessible. We keep all information from these forms completely confidential.

The information we get from these forms is also vital in terms of proving the value of the free and subsidised activities we provide for local people, and we can also use this information to help us to inspire others to get more active.

If you need help filling out this form please chat to the Instructor/Coach/Volunteer Walk Leader who is delivering your activity.

We hold all information in accordance with the Data Protection Act and won't share it with any person or organisation outside of the city council. Where we use information in reports it is used anonymously.



About You: Equalities Monitoring Form

- Information from these forms help the Sport & Physical Activity Team in Public Health make sure that our services are available to everyone in the community and that everyone is treated fairly when they use our services.
- We will only use the information collected on this form to help us improve services and to identify gaps or barriers.
- You do not have to fill in this part of the form and you can answer some or all of the questions.
- The answers you provide are anonymous and confidential and the information collected is not linked to you on any databases or online records.
- A short guide to the form and the questions is available. Please ask for this if you would like it. You can also ask for a large print or easy read version.

1: Do you identify as the same sex you were assigned at birth? Yes No Prefer not to say

For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

2: How would you describe your ethnic origin? Prefer not to say

White:	English/Welsh/Scottish Northern Irish/British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy/Irish Traveller	<input type="checkbox"/>	Other White Background:	<input type="text"/>
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Asian or Asian British	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Asian:	<input type="text"/>
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Black or Black British	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other Black Background:	<input type="text"/>
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Mixed:	Asian & White	<input type="checkbox"/>	Black African & White	<input type="checkbox"/>	Black Caribbean & White	<input type="checkbox"/>	Any other mixed background:	<input type="text"/>
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Other:	Arab	<input type="checkbox"/>	Any other ethnic group:	<input type="text"/>
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3: Which of the following best describes your sexual orientation? Prefer not to say

Heterosexual/Straight Lesbian/Gay woman Gay Man Bisexual

Other (please state)

4: What is your religion or belief? Prefer not to say

I have no particular religion Buddhist Christian Hindu Jain

Jewish Muslim Pagan Sikh Agnostic

Atheist Other (please state):

Other philosophical belief (please state):

5: Are you a carer? Yes No Prefer not to say

This means you look after or give help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill-health because of a disability, a problem related to age. Please do not count anything you do as part of your employment.

If **Yes** do you care for a: Parent Child with special needs Other family member

Friend Other (please give details):

About You: Adult Starter Activity Questionnaire

1: Your details:

Activity you are on:										
Full Name:					Date:					
Address:					Postcode:					
Contact No:					Email:					
Emergency Contact: Please provide name, relationship and phone number.										
Date of birth:		Are you:	Male:		Female:		Other:		Prefer not to say:	

2a: Your health

Have you been diagnosed with any of the following medical conditions:			
Heart disease/condition	Yes	No	
COPD (asthma, emphysema etc)	Yes	No	
High blood pressure	Yes	No	
Low blood pressure	Yes	No	
Cancer (if yes, type:)	Yes	No	
Muscular skeletal	Yes	No	
Obesity	Yes	No	
Diabetes (If yes please circle type 1 or type 2)	Yes	No	

Anxiety/Depression	Yes	No	
Stroke	Yes	No	
Other (please describe):			
Do any of these long-standing disabilities affect your daily activities?:			
Sensory issues	Yes	No	
Mobility issues	Yes	No	
Mental Health Issues	Yes	No	
Learning Difficulties	Yes	No	
Other (please describe):			

2b: Physical activity is beneficial to the majority of people, but if you answer 'yes' to any of the questions below please speak to the session leader prior to the start of the session. This will help us identify whether you should seek medical advice before doing physical activity.

Do you feel pain in your chest when you do physical activity?	Yes	No	
Do you ever lose balance because of dizziness or do you ever lose consciousness?	Yes	No	
In the past month have you had pain in your chest while NOT doing physical activity?	Yes	No	
Do you have a bone or joint problem that could be made worse by physical activity?	Yes	No	
Has your doctor ever told you not to do physical activity?	Yes	No	
If you have any injuries we should be aware of please specify:			
If you use any medications please specify:			
If you have any allergies (eg: nuts, wasps, aspirin) please specify:			
If you have any special needs/requirements that you would like us to be aware of please specify:			

3: Your activity levels

In the **past week**, on how many days have you done a total of **30 minutes or more** of moderate to vigorous physical activity, which was enough to increase your breathing rate? *This may include sport, exercise, and brisk walking or cycling, but should not include housework or light physical activity that is part of your job.*

0 1 2 3 4 5 6 7

On an average day, in your leisure time (e.g., not at work or school) how many hours do you spend **sitting**? (EG watching telly, reading, playing on the computer, playing video games, eating/drinking, etc).

0 1 2 3 4 5 6 7

4: Help us spread the word!

Please tell us how you heard about us:

GP/Health Professional	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Website	<input type="checkbox"/>
Media (TV/Radio/Press)	<input type="checkbox"/>	B&H Food partnership	<input type="checkbox"/>	Get Active Programme	<input type="checkbox"/>	School	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	Activity worker/volunteer	<input type="checkbox"/>	Poster/flyer	<input type="checkbox"/>	Health Trainer	<input type="checkbox"/>
Other:						

If we take photos of you taking part in our activities can we use them in our publicity materials and online media?

Yes No

Would you like us to keep you up to date on other sport and activity opportunities and events we organise in the city?

Yes No

5: How we use and look after the information you have given us

Brighton & Hove City Council will look after all your information, whether electronic or on paper, in accordance with the Data Protection Act. The information you give us will be used to check your ability to participate and may be shared with the council's other activity leaders where appropriate. It may also be used anonymously in reports, which may be shared with funders and the public, to help us to improve and develop future activities and schemes. You may withdraw your consent to the Council to use your details - please let us know in writing if you wish to do this.

Disclaimer: *I understand that if I answer 'Yes' to any of the health questions in section 2b I will speak to the session leader before taking part. I will seek medical advice if advised to, and will tell the session leader if my health changes in the future so that a new form can be completed. I understand that I participate at my own risk and that the Council will not be responsible for any injuries I incur if I have not declared any medical conditions (except in circumstances where the Council is negligent or it has breached its duties as a local authority).*

Thank you for taking the time to complete this form, please sign below to indicate that you have read and consent to the above conditions for processing your data, and the disclaimer and return to the activity leader.

Signed..... Date.....