

Healthy Lifestyles Team

Adult Healthwalks Starter Registration Form

How do we use the information collected in this form?

This activity is provided by Brighton & Hove City Council. We are responsible for collecting and managing your information in line with the UK Data Protection Act 2018. We take your privacy seriously, and as a "Data Controller" must ensure you know how we will use and store your information.

Why do we ask you for this information?

The information you give us will be used to manage your safe participation in our activities and ensure we can respond to any emergencies quickly. We also use the information to learn about the impact of our activities and ensure our activities are accessible to all. The information in this form is only collected and used with your permission. You can ask for a copy of the information captured in this form or ask us to change or delete the information we hold at any time. However, if you ask us to delete all your information you will not be able to participate in our activities as we may not be able to ensure your safety without it.

How do we store your information?

Your information will be held securely by the activity leader and then sent back to us as soon as possible. We will also copy the information into Upshot (a secure online database provided by Football Foundation Trading Limited) and keep a digital copy of the form.

How long will we keep your information for?

Your data will be held for three years from the date of your last attendance at our activities or until the age of 21 if you are aged under 18.

Will my information be used for marketing purposes?

We will not send you any marketing information unless you have told us you would like to receive it at the end of this form. If you would like to receive e-mail communications (about our other services, activities or feedback surveys) we will share your name and email address with Mailchimp (an online e-marketing service who we use to send you these emails).

You can unsubscribe from marketing and surveys at any time, by contacting us at healthylifestyles@brighton-hove.gov.uk or 01273 294589 or following the instructions in the information sent to you.

Will we share your personal information with anyone else?

Sometimes we have agency staff or other external organisations delivering activities on our behalf. We share this information with them to help them to manage these activities safely. We will not share your information with any other organisations without your permission. We will use information in this form to create reports to our funders about the numbers of people attending our activities; however you will never be personally identified in these reports.

Do you have further questions on how we use your information?

If you would like to talk to us about the information we collect please contact our Data Protection Team on 01273 295959 or data.protection@brighton-hove.gov.uk

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

**Your healthy
Lifestyle**



**Brighton & Hove
City Council**

About You: Equalities Monitoring

- The questions below help us to ensure we provide our activities in a fair way to all members of the community.
- 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: Your gender:

Are you:	Male:	Female:	Other:	Prefer not to say:
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Do you identify as the sex you were assigned at birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>
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2: How would you describe your ethnic origin?

White:	English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy/Traveller <input type="checkbox"/>
Other White Background: <input type="text"/>			

Asian or Asian British	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Asian: <input type="checkbox"/>
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Black or Black British	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black Background: <input type="checkbox"/>
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Mixed:	Asian & White <input type="checkbox"/>	Black Caribbean & White <input type="checkbox"/>	Black African & White <input type="checkbox"/>
Any other mixed background: <input type="text"/>			

Other:	Arab <input type="checkbox"/>	Any other ethnic group: <input type="text"/>
Prefer not to say: <input type="checkbox"/>		

2: Which of the following best describes your sexual orientation?

Heterosexual/Straight <input type="checkbox"/>	Lesbian/Gay woman <input type="checkbox"/>	Gay Man <input type="checkbox"/>	Bisexual <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Other (please state) <input type="text"/>		

3: What is your religion or belief?

I have no particular religion <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jain <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Pagan <input type="checkbox"/>	Sikh <input type="checkbox"/>	Agnostic <input type="checkbox"/>
Atheist <input type="checkbox"/>	Other (please state): <input type="text"/>			
Other philosophical belief (please state): <input type="text"/>				
Prefer not to say <input type="checkbox"/>				

4: Are you a carer?

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.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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If yes , do you care for a:	Parent <input type="checkbox"/>	Child with special needs <input type="checkbox"/>	Other family member <input type="checkbox"/>
	Friend <input type="checkbox"/>	Other (please give details): <input type="text"/>	

Consent:

Consent to store and use your personal information

Please ensure you have read our privacy notice on the front page of this form.

Please tick and sign below to confirm that you consent to your information being used in this way

Signature

Date.....

About You:

1: Your details:

Name of the activity you are on: <i>(ask coach/leader if unsure)</i>		Today's Date:	
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First name:		Surname:	
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Date of birth:	
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Address:	House number & street:
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City:	Postcode:	
County:		

Email:		Contact no:	
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Emergency Contact: <i>Please provide name, relationship and phone number.</i>	
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2 Your health

2a: Physical activity is beneficial to the majority of people, but please answer the questions below to help us identify whether you should seek medical advice before doing physical activity:

Has your doctor ever said that you have a heart condition and/or high blood pressure?	Yes	<input type="checkbox"/>
Do you feel pain in your chest at rest, during your daily activities or during physical activity?	Yes	<input type="checkbox"/>
Do you ever lose balance because of dizziness or do you ever lose consciousness?	Yes	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by physical activity?	Yes	<input type="checkbox"/>
Has your doctor ever told you not to do physical activity?	Yes	<input type="checkbox"/>

2b: Medical information:

Please give details of any current or long term medical conditions:

If you have any injuries we should be aware of please specify

Please tell us any medications you take which may affect your ability to exercise or be needed in an emergency:

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:

Do any of the following disabilities affect your daily activities?

Hearing impairment	Yes	<input type="checkbox"/>	Learning Difficulties	Yes	<input type="checkbox"/>	Other:
Visual impairment	Yes	<input type="checkbox"/>	Mobility Issues	Yes	<input type="checkbox"/>	
Mental health	Yes	<input type="checkbox"/>	Longstanding Illness	Yes	<input type="checkbox"/>	

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: How did you hear about us?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 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"/> BeeZee Bodies | <input type="checkbox"/> Active for Life Prog | <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"/> Healthy Lifestyles Team | <input type="checkbox"/> Other: _____ | | |

5: KEEPING IN TOUCH

I would like to receive information on other similar local activities supported by the Healthy Lifestyles Team

By email By phone By Text (SMS) By post

I am happy to be contacted to provide feedback on my experience of these activities

By email By phone By Text (SMS) By post

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).*

Signature

Date.....

Thank you

Thank you for taking the time to fill out this form. It helps us make sure that our activities and events are friendly and accessible and 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.



Form ID:

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