## HEALTHY LIFESTYLES TEAM
## HEALTHWALKS REGISTRATION FORM

| 1. Your details: | | |
|---|---|---|
| **Name of activity:**<br>*(Please ask the healthwalk leader/officer if unsure)* | | **Today's Date:** |
| **First Name:** | **Surname:** | **Date of Birth:** |
| **Address:**<br><br>**Postcode:** | | **What are your pronouns?** |
| **Contact Number:** | **Email:** | |
| **Emergency Contact:**<br>*(Please provide name, relationship, and phone number)* | | |

| 2. Your health and support | |
|---|---|
| **Please tell us anything we should be aware of in an emergency:**<br>*(Healthwalk leaders are not medically trained. If you are unsure, please speak to a health professional before taking part)* | |
| Any current injuries? | |
| Any current medical conditions? | |
| Any medication you need / carry whilst on a walk? (e.g. epi pen or inhaler) | |
| Any allergies? (e.g. nuts, wasps, aspirin)? | |
| Any special requirements? | |

**Do any of the following disabilities affect your daily activities?**

| | | | | |
|---|---|---|---|---|
| Hearing impairment | ☐ | Visual impairment | ☐ | Other: |
| Learning difficulties | ☐ | Mobility issues | ☐ | |
| Mental health | ☐ | Longstanding illness | ☐ | |

### 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 in education) how many hours do you spend sitting**? This may include watching television, reading, playing on the computer, playing video games, eating/drinking etc.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

| **4. Disclaimer – please read and sign below.** | |
|---|---|
| I consent to participating in the Healthwalks programme at my own risk and in the knowledge that volunteer walk leaders leading the walks are not medically trained.<br>The walks can vary in in their levels of difficulty, and I therefore understand that I am responsible for managing my own activity levels, ensuring that I attend a walk that aligns to my fitness levels/ ability and mobility and that the Council will not be responsible for an injury I incur. | |
| **Signature:** | **Date:** |

**4. How did you hear about us?**

GP/Health Professional ☐ Word of mouth ☐ Pharmacist ☐ Healthy Lifestyles Team ☐ Poster ☐

Social media ☐ Website ☐ Media (TV/Radio) ☐ Gloji ☐ Active for Life programme ☐

School ☐ Activity worker/Volunteer ☐ Health Trainer ☐ Word of Mouth ☐ Other ☐

**5. Keeping in touch**

We would like to contact you, with your explicit consent, for the following purposes. Please tick the boxes below to indicate how we can contact you. You will be able to unsubscribe at any time by contacting our service or following the instructions detailed in any communications we send you.

1. Send information about other activities and initiatives supported by the Healthy Lifestyles Team
Email ☐ Phone/text ☐ Post ☐

3. Contact you to collect feedback about our activities
Email ☐ Phone/text ☐ Post ☐

*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. It 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.*

***Please return the form to the Healthwalk Leader at the walk or send it to:***
*Healthy Lifestyles Team Brighton and Hove City Council, Bartholomew House, Bartholomew Square, Brighton, BN1 1JE*
*email: healthylifestyles@brighton-hove.co.uk*

**Equalities data monitoring form**

***Help us create a more inclusive Brighton & Hove**: Brighton & Hove City Council is committed to equality for everyone. By sharing your information, you help us ensure our services are fair and accessible to all.*

***Why we ask for this information:** We use this data to understand who uses our services and identify any barriers or gaps. This helps us meet our legal duties and improve services for everyone in our community.*

***Your data is safe:** Your information is protected under strict data protection laws and stored securely. We only use it to improve our policies and services. We keep your equality monitoring information separate from anything that could identify you personally. Once collected, this data becomes anonymous and cannot be traced back to you.*

| **Name of activity:** |
|---|
| **1. What is your age?** |
| 0-15 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85+ ☐ Prefer not to say ☐ |
| **2. What is your gender?** |
| Male ☐ Female ☐ Other ☐ Prefer Not to Say ☐ |
| **3. Do you identify as the sex you were assigned at birth?** |
| Yes ☐ No ☐ Prefer Not to Say ☐ |
| **4. Which of the following best describes your sexual orientation?** |
| Bisexual or bi ☐ Gay or lesbian ☐ Heterosexual or straight ☐ Other ☐ Prefer not to say ☐ |
| **5. How would you describe your ethnic origin?** |
| **Asian or British Asian:** Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Other Asian ☐<br>**Black or Black British:** African ☐ Caribbean ☐ Other Black Background ☐<br>**Mixed or Multiple:** Asian & White ☐ Black Caribbean & White ☐ Black African & White ☐<br>**White:** British / English / N. Irish / Scottish / Welsh ☐ Irish ☐ Gypsy or Irish Traveller ☐<br>Other White Background ☐<br>**Other ethnic group:** Arab ☐ Any Other Ethnic Group ☐ Prefer not to say ☐ |
| **6. What is your religion or belief?** |
| Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ No Religion ☐ Sikh ☐<br>Other religion ☐ Prefer Not to Say ☐ |
| **7. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?** |
| Yes ☐ No ☐ Prefer Not to Say ☐ |
| **8. Do any of the conditions / illnesses reduce your ability to carry out day to day activities?** |
| Yes, a little ☐ Yes, a lot ☐ No ☐ Prefer Not to Say ☐ |
| **9. 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, or problem related to age.)* |
| Yes ☐ No ☐ Prefer Not to Say ☐ |

*Find full details about how we manage your information collected in this form in our Privacy Notice available at: www.brighton-hove.gov.uk/healthylifestylesprivacy. Alternatively you can request a hard copy of this information by emailing healthylifestyles@brighton-hove.gov.uk, or calling 01273 294589, or by speaking to a member of staff.*