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**BLOKES AND BREWS REGISTRATION FORM**

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Address**  |  | **Do you live alone Y/N** |
| **Your Age**  |  | **Are you a carer Y/N**  |
| **Best Contact Number**  |  |
| **Email Address**  |  |
| **Emergency Contact** |  |

**Do you have any of the following health issues (PLEASE TICK):**

|  |  |
| --- | --- |
| **Diabetes**  |  |
| **COPD** |  |
| **Asthma**  |  |
| **Hypertension**  |  |
| **Arthritis**  |  |
| **Mental Health**  |  |
| **Mobility Needs**  |  |

**Other (please detail):**

**Tell us what you would like to achieve from the group? (PLEASE TICK):**

|  |  |
| --- | --- |
| **Meet new people**  |  |
| **Make new friends**  |  |
| **Feel less lonely**  |  |
| **Try new activities**  |  |
| **Do activities I enjoy**  |  |
| **Build my confidence**  |  |

**We will ask you about this again at some point during your time with the group or afterwards by telephone.**

**I consent to the safe storage of my information and consent to be contacted about the group:**

**Signed:**

**Date:**