

Enrolment form Winter 2018 - Please return with your payment

Yoga Moordown Community Centre, Coronation Avenue, Bournemouth BH9 1TW.

Day and time	Dates	cost	please tick
Mondays 1.20-3pm	19/11/18- 07/01/19 (6 classes, no classes on 24/12/18 or 31/12/18)	£40 per 6 week course	
	14/01/19-18/02/19 (6 Week Course)	£40 per 6 week course	
Fridays 10-11.30am	23/11/18-/04/01/19 (6 classes, no class on 28/01/18)	£40 per 6 week course	
	11/01/19-15/02/19 (6 Week Course)	£40 per 6 week course	

Christmas Craft Workshop Moordown Community Centre, Coronation Avenue, BH9 1TW.

Date	time	cost	please tick
Thurs 6th Dec	2-4pm	£5	

Energetic Walking Group

Dates	cost	please tick
Various please see program letter	£12 annual fee for 2019	

Pub Club

Date	Location	Transport cost	please tick
Tues 20/11	Haskins Garden Centre and Hobby Craft	£9	
Thurs 22/11	Drucillas Inn, Horton	£9	
Tues 27/11	Carpenters Arms, Bransgore	£9	
Thurs 29/11	Chequers Inn, Lytchett, Matravers	£9	
Tues 4/12	Winchester Cathedral Day Trip	£12	
Thurs 6/12	Barley Mow, Wimborne	£9	
Tues 11/12	Botany Bay Inne, Blandford	£9	

Date	Location	Transport Cost	please tick
Tues 18/12	Halfway Inn, Wareham	£9	
Thurs 20/12	The Dorset Soldier, Corfe Mullen	£9	
Thurs 3/1	Horns Inn, Ferndown	£9	
Tues 8/1	Fox and Hounds, Wimborne	£9	
Thurs 10/1	Langton Arms, Blandford - Free Skittles	£9	
Tues 15/1	The Monmouth Ash, Verwood	£9	
Thurs 17/1	The New Inn, Church Knowle	£9	
Tues 22/1	The Olive Branch, Wimborne	£9	
Thurs 24/1	The Saxon Inn, Child Okeford	£9	
Tues 29/1	The Silent Woman Inn, Coldharbour	£9	
Thurs 31/1	The Thimble Inn, Piddlehinton	£12	
Tues 5/2	The Woodpecker, Spetisbury	£9	
Thurs 7/2	Severn Stars, Moreton	£9	
Tues 12/2	The Anchor Inn, Shapwick	£9	
Thurs 14/2	The Woolpack Inn, Sopley	£9	
Tues 19/2	The Black Bear Inn, Wool	£9	
Thurs 21/2	The Old Inn, Holt	£9	

Please note course fees are non refundable and non transferable **FINAL TOTAL: £_____**

Please fill in your details:

Title:	First Name:	Surname:
Address:		
Postcode:		
Home phone		Mobile:
Method of payment	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Please make cheques payable to ' Age UK Bournemouth ' send to 700 Wimborne Road, Bournemouth, Dorset BH9 2EG
Signature:		Date:

CONFIDENTIALITY AND USE OF INFORMATION

First Name:

Surname:

Age UK Bournemouth is committed to protecting your privacy and will process your personal data in accordance with **GDPR 2018**. Your details will be kept safe and secure and only used by Age UK Bournemouth or its employees and will not be shared

Do we have your CONSENT to store your information Yes No

Our timetables, enrolment forms and confirmation letters are sent by post, however if we need to contact you further are you happy for us to contact you by:

Email: Yes No **Phone:** Yes No **Post:** Yes No

Would you like to receive information about the following?

Services offered by Age UK Bournemouth: Yes No
Age UK Bournemouth Newsletter: Yes No
Information from our Trading team (products and services) Yes No

Signature:

Date:

SAFE TO EXERCISE?

Please answer these questions in order that you may exercise safely. All information will be treated with confidentiality.

First Name:

Surname:

Have you had any recent injury, surgery or medical condition? Yes No

Do you have difficulties with sight or hearing? Yes No

Do you suffer from any heart problems? Yes No

Have you spoken with your doctor about exercise prior to enrolling? Yes No

Do you suffer from diabetes, breathing problems, osteoporosis, depression, arthritis or any other condition requiring special care? Yes No

If yes please give details:

What regular exercise do you take?

Signature:

Date:

Medical / NOK Form

Completion of the medical information is optional, the data will be shared with the medical / emergency services if any accidents / emergencies occur. All information will be treated and stored confidentially.

Do you consent to sharing medical information? Yes No

Your Details	Next Of Kin Details
Title:	Title:
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Home Telephone:	Home Telephone:
Mobile:	Mobile:
Email:	Email:
Date of Birth	Relationship to you:
Please give details of any medical condition:	
Please give details of any medication you are taking:	
GP's Contact Details Name:	Surgery:
Address:	
Postcode:	
Do you use a wheelchair, walking aid or need any other assistance (please give details):	
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Rollator <input type="checkbox"/> Walking aid <input type="checkbox"/> Walking stick <input type="checkbox"/> Other, please specify	
Have you any other additional health information that may be relevant:	
For some activities a further assessment form may be required. I understand that I participate in activities at my own risk.	
Signature:	Date:

Please return your Enrolment form, Medical forms and payment (cheques made payable to 'Age UK Bournemouth') to Age UK Bournemouth, 700 Wimborne Road, Bournemouth, BH9 2EG