** **

**Enrolment form Early Autumn 2019** - Please return with your payment

**Pub Clubs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Transport cost** | **please tick** |
| Tues 13th August | The Rising Sun, Bashley | £10 |   |
| Thurs 15th August | The Compass Inn, Copythorne | £10 |   |
| Tues 20th August | New Forest Picnic and Acres Down cream tea | £10 |   |
| Thurs 22nd August | The Walhampton Arms, Lymington | £10 |   |
| Tues 27th August | The Happy Cheese, Ashurst | £10 |   |
| Thurs 29 August | The Amberwood Inn, Walkford | £10 |   |
| Tues 3rd Sept | The Smugglers Inn, Milford on Sea | £10 |   |
| Thurs 5th Sept | Alice Lisle, Ringwood (1 BUS) | £10 |   |
| Tues 10th Sept | Exbury Gardens | £13 |   |
| Thurs 12th Sept | The Green Dragon, Brook | £10 |   |
| Tues 17th Sept | The Horton Inn, Horton | £10 |   |
| Thurs 19th Sept | The New Inn Church Knowle | £10 |   |

**Energetic Walking Group new members**

|  |  |  |
| --- | --- | --- |
| **Dates** | **cost**  | **please tick** |
| Various please see program letter | £12 annual fee for Energetic walking group 2019 for new members |   |

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

**P.T.O**

**ALL FORMS AND MONEY MUST BE WITH US NO LATER THAN THE THURDAY BEFORE YOUR FIRST ACTIVITY PLEASE TO ENSURE ENROLLMENT.**

**Please fill in your details:**

|  |  |  |
| --- | --- | --- |
| Title: | First Name: | Surname: |
| Address: |
|  |
|  |
| Postcode: |  |
| Email address: |  |
| Home phone  |  | Mobile: |
| Method ofpayment |  Cash  Cheque  | Please make cheques payable to ‘**Age UK Bournemouth’** send to 700 Wimborne Road, Bournemouth, Dorset BH9 2EG |
| **How would you like your confirmation sent? email post** [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |
| **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(Please note If you tick NO we will be unable to enrol you on any activities) |
| 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 NoAge UK Bournemouth Newsletter: Yes NoInformation from our Trading team Yes No(products and services)  |
| **SIGNATURE:****DATE:** |

|  |
| --- |
| **SAFE TO EXERCISE?** **NEW YOGA CLIENTS ONLY** |
| 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, joint replacement Yes Noor medical condition?  |
| 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** **FOR NEW CLIENTS OR IF THERE ARE ANY CHANGES TO EXISTING** **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): Wheelchair Rollator Walking aid Walking stick 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