

Project Purple Enrolment form Early Spring 2020 - Please return with your payment

Pub Clubs

		Transport	please
Date	Location	cost	tick
Tues 18th Feb	The Thomas Tripp, Christchurch (1 BUS)	£10	
Thurs 20th Feb	The Rising Sun, Bashley (1 BUS) FULL	£10	
Tues 25th Feb	The Green Dragon, Brook (1 BUS) FULL	£10	
Thurs 27th Feb	The Woolpack Inn, Sopley (1 BUS) FULL	£10	
Tues 3rd March	The Willett Arms, Oakley	£10	
Thurs 5th March	The Fish Inn, Ringwood	£10	
Tues 10th March	The New Queen, Avon	£10	
Thurs 12th March	The Barley Mow, Wimborne	£10	
Tues 17th March	The Sir Walter Tyrrell, Brook	£10	
Thurs 19th March	The Green Man, Wimborne	£10	
Tues 24th March	The Three legged Cross	£10	
Thurs 26th March	The Dorset Soldier, Corfe Mullen	£10	

Do you use a wheelchair, walking aid or need any other assistance? (please give details). Unfortunately, due to limited storage space on our transport we are unable to take wheelchairs and any new clients with rollators. Please phone 01202 530 530 for more details.					
☐ Wheelchair ☐ Rollator ☐ v	☐ Rollator ☐ walking aid				
☐ Walking stick ☐ other: please sp	other: please specify				
Energetic Walking Group					
Dates	cost	please tick			
Various please see program letter	£12 annual fee for 2020				

FORMS & MONEY MUST BE WITH US NO LATER THAN THE FRIDAY BEFORE YOUR ACTIVITY.

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

Please fill in your details: First Name: Title: Surname: Address: Postcode: **Email** address: Home phone Mobile: Method of Please make cheques payable to 'Age UK Bournemouth' Cash send to 700 Wimborne Road, Bournemouth, Dorset BH9 2EG Cheque payment How would you like your confirmation sent? email post \square SIGNATURE: DATE: CONFIDENTIALITY AND USE OF INFORMATION First Name: Surname: Age UK Bournemouth, Poole and East Dorset 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, Poole and East Dorset and will not be shared without your consent. No Do we have your CONSENT to store your information Yes (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: **Phone:** Tyes □No Post: Yes Email: Yes No □No Would you like to receive information about the following? Services offered by Age UK Bournemouth Yes [Poole and East Dorset: No Age UK Bournemouth, Poole and East Dorset Newsletter: ີ Yes ∣ No SIGNATURE:

DATE:

Medical / NOK Form

FOR NEW CLIENTS OR IF YOUR INFORMATION HAS CHANGED

Completion of the <u>medical information is optional</u>, 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?				
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:				
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, Poole and East Dorset 700 Wimborne Road, Bournemouth, BH9 2EG