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**Energetic Walking Group**

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| --- | --- | --- |
| **Dates** | **cost**  | **please tick** |
| Fortnightly | £12 annual fee for 2021 |   |

**£**

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

**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:** |

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| --- |
| **CONFIDENTIALITY AND USE OF INFORMATION** |
| First Name: Surname: |
| Age UK Bournemouth, Poole & 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 & East Dorset and will not be shared without your consent. |
| 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 BournemouthPoole and East Dorset: Yes NoAge UK Bournemouth, Poole and East Dorset Newsletter: Yes No |
| **SIGNATURE: DATE:** |

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| --- |
| **Medical / NOK Form** **FOR NEW CLIENTS OR IF YOUR INFORMATION HAS CHANGED****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: |
| 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 & East Dorset 700 Wimborne Road, Bournemouth, BH9 2EG