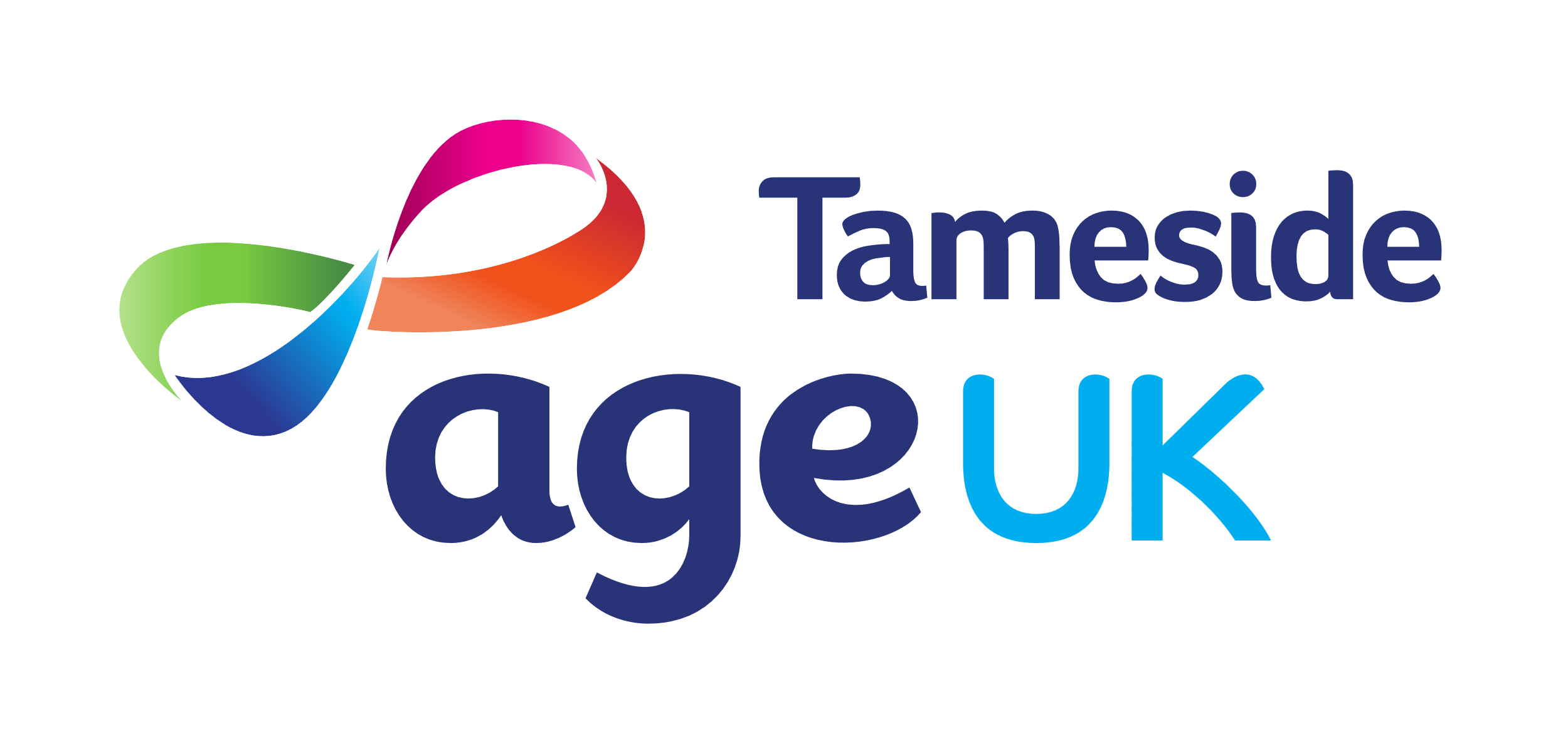
**A green and yellow sign

Description automatically generated**

**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:**