

Local area core partner is the **West Euston Time Bank**

Name of Session Reference No. Membership No.

Your Contact details

Q1. Name: Home Address: Home Postcode: <input type="checkbox"/> Not a Camden Resident	Mobile number: Home number: Email address:
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General Information

Q2. Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
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Ethnicity, Illness & Disability

<p>Q3. Please tick one box that describes your ethnic origin most closely.</p> <p><u>White</u> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White (please specify) _____</p> <p><u>Mixed</u> <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> Other mixed (please specify) _____</p> <p><u>Asian or Asian British</u> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian background (please specify) _____</p> <p><u>Black or Black British</u> <input type="checkbox"/> Somali <input type="checkbox"/> Caribbean <input type="checkbox"/> Other African background (please specify) _____ <input type="checkbox"/> Other Black background (please specify) _____</p> <p><u>Chinese or Other Ethnic Group</u> <input type="checkbox"/> Chinese <input type="checkbox"/> Other group (please specify) _____</p>	<p>Q4. Do you have any long-standing illness or disability or infirmity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q5. Does this illness or disability or these illnesses or disabilities limit your activities in any way?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Current physical activity level	0	1	2	3	4	5	5+
Q6. Over the last four weeks how many days a week on average have you taken part in 30 minutes or more of moderate intensity physical activity*?							

*Moderate intensity physical activity includes all types of physical activity that makes your breathing and heartbeat faster and you feel warmer. Physical activity can be made up of 10-minute bursts and doesn't have to be done all at once.

Physical Activity Readiness Questionnaire

Q7.

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|---|--|
| 1. Has your doctor ever said that you should not do physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you feel pain in your chest when you do physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity (please state below)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you recovering from any illness / surgery or is there any other reason why you should not do physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answer **YES** to any of these questions, you should speak to the relevant medical professional before starting to become much more physically active and follow that advice. The West Euston Time Bank or its partners assumes no liability for persons who undertake physical activity, and if in doubt after completing the physical activity readiness questionnaire, consult your doctor prior to physical activity.

Other

Q8. Please list any current medical conditions e.g. asthma, diabetes etc.

Q9. Person to contact in case of emergency

Name: _____

Phone number: _____

Q10. How did you hear about us? (e.g. friend, email, Pro-Active Camden, sports centre, website, etc.)

Declaration:

Page 1: The information provided on this form will be held by the Camden Active All Areas Project and the local area partner- the West Euston Time Bank. It will be used to inform you of any cancellations and activities/promotions taking place. This information will not be disclosed to any other individual or other organisations without your consent.

I confirm that the information I have provided on this form is correct to the best of my knowledge and agree to the above information being held on a database. I agree to be contacted to discuss my physical activity. Please tick if you **DO NOT** want to be informed about any other Camden Active All Areas and West Euston Time Bank activities/promotions.

Page 2: I have read (or it has been read to me), understood & completed this form). I will take responsibility to bring any medication advised by my doctor when exercising (such as GTN spray and asthma reliever). I will inform the exercise instructor of any new or unusual symptoms; changes in my medication; results of any investigations or treatment. I agree to my GP. Being contacted

Signed Date:.....