



Application Form



Name (Mr/Mrs/Miss)

Address

Postcode Telephone

Email

Please provide the name and telephone number of someone who can be contacted in an emergency:

.....

Gender: Male Female

Age:

Please complete the following questionnaire. Your co-operation is greatly appreciated. Any information contained herein will be treated as confidential.

PLEASE CIRCLE AS APPROPRIATE

1. In terms of fitness, how would you describe your present level of fitness?
Unfit Moderately Fit Trained Highly Trained

2. Smoking habits: Do you smoke? Yes/No (if Yes no. per day)

3. Are you presently taking any medication? Yes/No
If Yes please state.....

4. Do you suffer from diabetes? Yes/No

5. Have you ever suffered from asthma, bronchitis or any other lung disorder?
Yes/No

6. Do you or have you ever suffered any form chest pain or a heart condition? Yes/No

7. Do you have any form of muscle or joint injury/conditions? Yes/No

8. Do you suffer from high/low blood pressure? Yes/No

9. Do you suffer from back pain? Yes/No

10. Have you had surgery in the last 12 months? Yes/No

11. Are you pregnant or have you recently given birth? (within the last 6 months) Yes/No

12. Have you had any chronic illness or condition, such as epilepsy, osteoporosis,
persistent headaches, fainting spells or COPD Yes/No

Please Turn Over

13. Do you suffer from allergies? Yes/No
If yes please state.....

14. Do you have a long-standing (for more than 12 months and likely to continue) illness or disability which affects /or limits you day to day activities Yes/No

15. Any other information
.....

What is your ethnic group? Please tick one box only

White

British
Irish
Any other White background
please write in)

Black or Black British

Caribbean
 African
 Any other Black background
(please write in)

Chinese or any other background

Chinese
 Roma/Gypsy
 Traveller of Irish
Heritage

Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background
please write in)

Asian or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian background
(please write in)

Other Ethnic Group
(please write in)

How did you hear about the Active Adults Activity Programme

ES News/Local Press Friends/Family G.P. Surgery
Lifestyle Advisor other (please state) _____

Please pay your £3.00 cash at Shobnall Leisure Complex and attach to your completed application form.

I understand that under the Data Protection Act of 1998, my information overleaf will solely be used by East Staffordshire Borough Council's Active East Staffs

Please sign below:-

Signed: _____
Date: _____