**Couch to 5k Wellbeing Registration Form.** 

Please complete in BLOCK CAPITALS.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity: |  | Venue / Location: |  |

1. **Participant Details.**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
| Town / City: |  |
| Post Code: |  |
| Contact name / number: |  |
| Email address: |  |
| Date of Birth: |  |
|  |  |
| Emergency name/number: |  |

1. **Marketing and promotion.**

How did you hear about this activity?

 Word of mouth. Local press. GP/Doctor.

 Leaflet/Poster Internet. Mental Health Service

 Facebook. Other. (Please state).

1. **Health and Wellbeing.**

Do any of the following apply to you?

 Learning Disability. Life change or loss. Mental Health condition.

 Sensory Impairment. Physical Impairment. Long term health condition.

 Prefer not to say. Other. (Please state)

1. **Disability.**

The Equality act 2010 defines a disabled person as “someone who has a physical or mental impairment that has a substantial and long term adverse effect on their ability to carry out normal day to day activities.”

Do you consider yourself to have a disability according to the definition given in the Equalities Act 2010?

 Yes. No.

1. **Employment status.**

Which of these activities best describes what you are doing at present?

 Permanently sick / disabled. Employed F/T Employed P/T

 Full / Part time Education. Retired. Self Employed.

 Looking after the home. Training for work / modern apprenticeship.

 Unemployed. Prefer not to say.

1. **Equality and Diversity.**

It is vital that we monitor and analyse diversity information so that we can ensure that our services are fair, transparent, promote equality of opportunity and do not have an adverse impact on any particular group. Any information provided on this section will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.

What is you gender?

 Male. Female. Prefer not say.

What is your ethnicity?

 English. Welsh. Scottish. Northern Irish. Irish.

 Other (please state):

What is your sexual orientation?

 Heterosexual. Lesbian. Homosexual.

 Bisexual. Other. Prefer not to say.

Is your gender identity the same as the gender you were assigned at birth?

 Yes. No. Prefer not to say.

1. **Physical Activity.**

In the past week, how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include house work or physical activity that may be part of your job. (Please tick one).

 Zero. One. Two. Three. Four. Five.

 Six. Seven.

1. **Physical Activity Readiness Questionnaire**.

Has your doctor ever said you have a heart condition? Yes No

Do you feel pain in your chest when you do physical activity? Yes No.

In the past month have you had chest pain when you are not doing physical activity? Yes No.

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No.

Do you have a bone or joint problem that could be made worse by physical activity? Yes No.

Are you currently taking prescribed medication for blood pressure or heart condition? Yes No.

Do you know of any other medical reason why you should not do physical activity? Yes No.

Do you suffer from breathing difficulties, such as Asthma and do you use an inhaler? Yes No.

1. **Important information regarding your responsibilities:**
* If you answered yes to any of the above, it is your responsibility to seek medical advice before taking part in any physical activity.
* It is your responsible to provide and administer your own medication.
* It is your responsibility to inform the Run leaders if there is a future change in your medical conditions.

 **Please tick here**, to confirm that you have read and understand the above section.

**Participant Declaration.**

I confirm that all of the information I have provided on this form is correct to the best of my knowledge and that I must inform the Run leaders should any information change.

**Participant signature**: …………………………………………………………. **Date**: .....................

**Run Leader Declaration.**

I have reviewed the information provided by the above participant and checked the form is fully completed and signed by the participant.

**Run Leader signature**: ………………………………………………………… **Date**: …………………..