

# MOVE MORE ADULTS APPLICATION FORM



PARTICIPANT DETAILS	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Home Address:</b>	
<b>Day Telephone:</b>	<b>Mobile:</b>
<b>Email:</b>	
<b>GP:</b>	<b>GP Surgery:</b>
<b>Name of an Emergency Contact and Telephone:</b>	

**Do you have any medical conditions?**  YES  NO Please provide details.

If you have any of the following conditions, please seek medical advice before starting the PAYG programme:

MEDICAL/DISABILITY INFORMATION	YES / NO	DETAILS
<b>Uncontrolled type 1 diabetes</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Severe or poorly controlled asthma</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Acute infection</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Any unstable medical condition (including mental health)</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Unexplained pain</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Cancer</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Other medical conditions</b>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Are you taking any medication?</b> Please provide details	<input type="checkbox"/> <input type="checkbox"/>	
<b>Do you have a disability or health condition which may affect your ability to take part in the programme or requires additional support?</b> Please provide details	<input type="checkbox"/> <input type="checkbox"/>	

**Our Move More activities are based upon encouraging behavioural and lifestyle change to support people in improving their physical and mental wellbeing.**

To help us understand our clients, we would ask that you **complete the following questions**. This data is anonymised and is being collated solely for information purposes to ensure we are designing classes and programmes which meet the needs of our clients.

These questions are not compulsory, however we would be very grateful if you would take the time to complete the survey.

PHYSICAL WELLBEING	PLEASE CIRCLE
<p><b>In the past week, on how many days have you accumulated at least 30 minutes of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation?</b></p>	<p>0 1 2 3 4 5 6 7</p> <p>(Do not include physical activity that may be part of your job or usual role activities.)</p>

MENTAL WELLBEING	PLEASE CIRCLE
<p><b>On a scale of 0 – 10 (0 = not at all and 10 = completely)</b></p>	
<p><b>How satisfied are you with your life nowadays?</b></p>	<p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Prefer not to say      Don't know</p>
<p><b>How happy did you feel yesterday?</b></p>	<p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Prefer not to say      Don't know</p>
<p><b>How anxious did you feel yesterday?</b></p>	<p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Prefer not to say      Don't know</p>
<p><b>Overall to what extent do you feel the things you do in your life are worthwhile?</b></p>	<p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Prefer not to say      Don't know</p>

## DATA PROTECTION

We collect information to help manage your account. All personal Information we collect from you will be recorded, used, and recorded by us in accordance with the Data Protection (Jersey) Law 2018 and with our privacy policy (available at [www.jerseysport.je](http://www.jerseysport.je)). We may supplement the information that you provide with other information that we obtain from our dealings with you.

**I give consent for Jersey Sport/Move More Jersey to email me with information about classes, events and general wellbeing.**

Yes  No

## FIRST AID CONSENT

**I give my permission for the administration of basic first aid treatment. In the event of an emergency, I authorise staff to take appropriate action to obtain necessary medical help, including sending me to hospital.**

Yes  No

## PHOTOGRAPHY / OTHER MEDIA

**I give permission for Jersey Sport/Move More Jersey to include me in any photographs and video content taken, and allow full and free use of the photographs and video across publications, on social media and on the [jerseysport.je](http://www.jerseysport.je) and [movemore.je](http://www.movemore.je) websites.**

Yes  No

## DISCLAIMER

Jersey Sport/Move More Jersey accepts no responsibility or liability for any loss, injury or damage to persons or property save where such loss, injury or damage is directly caused by the negligence of Jersey Sport/Move More Jersey. It is my responsibility to ensure I am fit and in good health to participate in the activity I choose to attend. Jersey Sport/Move More Jersey reserves the right to cancel any course if necessary. If Jersey Sport/Move More Jersey staff feel that there is a risk to your health, you may be advised to seek written consent from your health professional before continuing with any session.

## SIGNATURE

By signing this form, I have read and understood the Terms and Conditions in the Disclaimer above and agree to abide by them.

**I understand I am taking part at my own risk and will seek medical advice if appropriate.**

Signed:

Date:

Print name: