**Healthy Lifestyles Team**

**Workplace Health Starter Registration Form**

**How do we use the information collected in this form?**

This activity is provided by Brighton & Hove City Council. We are responsible for collecting and managing your information in line with the UK Data Protection Act 2018. We take your privacy seriously, and as a “Data Controller” must ensure you know how we will use and store your information.

**Why do we ask you for this information?**

The information you give us will be used to manage your safe participation in our activities and ensure we can respond to any emergencies quickly. We also use the information to learn about the impact of our activities and ensure our activities are accessible to all. The information in this form is only collected and used with your permission. You can ask for a copy of the information captured in this form or ask us to change or delete the information we hold at any time. However, if you ask us to delete all your information you will not be able to participate in our activities as we may not be able to ensure your safety without it.

**How do we store your information?**

Your information will be held securely by the activity leader and then sent back to us as soon as possible. We will also copy the information into Upshot (a secure online database provided by Upshot Systems CIC) and keep a digital copy of the form.

**How long will we keep your information for?**

Your data will be held for three years from the date of your last attendance at our activities or until the age of 21 if you are aged under 18.

**Will my information be used for marketing purposes?**

We will not send you any marketing information unless you have told us you would like to receive it at the end of this form. If you would like to receive e-mail communications (about our other services, activities or feedback surveys) we will share your name and email address with Mailchimp (an online e-marketing service who we use to send you these emails).

You can unsubscribe from marketing and surveys at any time, by contacting us at healthylifestyles@brighton-hove.gov.uk or 01273 294589 or following the instructions in the information sent to you.

**Will we share your personal information with anyone else?**

Sometimes we have agency staff or other external organisations delivering activities on our behalf. We share this information with them to help them to manage these activities safely. We will not share your information with any other organisations without your permission. We will use information in this form to create reports to our funders about the numbers of people attending our activities; however you will never be personally identified in these reports.

**Do you have further questions on how we use your information?**

If you would like to talk to us about the information we collect please contact our Data Protection Team on 01273 295959 or data.protection@brighton-hove.gov.uk

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| **If you need help filling out this form please chat to the instructor/coach/****Volunteer Walk Leader who is delivering your activity.**a |

**About You: Equalities Monitoring Form**

* The questions below help us to ensure we provide our activities in a fair way to all members of the community.
* A short guide to the form and the questions is available. Please ask for this if you would like it. You can also ask for a large print or easy read version.

|  |  |  |
| --- | --- | --- |
| **1:** |  | **Your gender** |
| **Are you:** | Male |  | Female |  |  | Other |  | Prefer not to say |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you identify as the sex you were assigned at birth?** | Yes |  | No |  | Prefer not to say |  |

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| --- | --- | --- |
| **2:** |  | **How would you describe your ethnic origin?** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **White:** | English/Welsh/Scottish/Northern Irish/British |  | Irish |  | Gypsy/Traveller |  |
|  |  |
|  | Other White Background: |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |
| **Asian or Asian** |  |  |
| **British** | Bangladeshi |  | Indian |  | Pakistani |  | Chinese |  | Other Asian: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **Black or Black** |  |  |
| **British** | African |  | Caribbean |  | Other Black Background: |  |
|  |  |  |  |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Mixed:** | Asian & White |  | Black Caribbean& White |  | Black African & White |  |
|  |  |  |  |  |  |
|  | Any other mixed background: |  |
|  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Other:** | Arab |  | Any other ethnic group: |  |  |
|  |  |
| Prefer not to say: |  |  |  |  |
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| **3:** |  | **Which of the following best describes your sexual orientation?** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual/Straight |  | Lesbian/Gay woman |  | Gay Man |  | Bisexual |  |  |
|  |
| Prefer not to say |  | Other (please state) |  |

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| --- | --- | --- |
| **4:** |  | **What is your religion or belief?** |
|  |  |  |
| I have no particular religion |  | Buddhist |  | Christian |  | Hindu |  | Jain |  |
|  |
| Jewish |  | Muslim |  | Pagan |  | Sikh |  | Agnostic |  |
|  |
| Atheist |  | Other (please state): |  |
|  |
| Other philosophical belief (please state): |  | Prefer not to say |  |
|  |
| **5:** |  | **Are you a carer?** |
| This means you look after or give help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill-health because of a disability, a problem related to age. Please do not count anything you do as part of your employment. |
| Yes |  | No |  | Prefer not to say |  |
|  |
| If **yes**, do you care for a: | Parent |  | Child with special needs |  | Other family member |  |
|  |
|  | Friend |  | Other (please give details): |  |

**Consent:**

|  |
| --- |
| **Consent to store and use your personal information** Please ensure you have read our **privacy notice** on the front page of this form. |
| **Please tick and sign below to confirm that you consent to your information being used in this way** |  |  |
| **Signature** |  | **Date** |  |

**About You:**

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| **1:** |  | **Your details:** |
| **Name of activity**  | *Menopause programme:* Healthwalk |
| **Menopause experience:** | Perimenopause Post menopauseMenopause Not sure | **Name of workplace**  | .…………………………………………N/A Self employed  |
|  |
| **First name:** |  | **Surname:** |  |
| **Date of birth:** |  |
| **Address:** | **House number & street:** |
|  |
|  | **City:** | **Postcode:** |  |
| **Email:** |  | **Contact no:** |  |
| **Emergency Contact:** *Please provide name, relationship and phone number.* |  |

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| **2** |  | **Your health** |  |
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| **2a:** | **Physical activity is beneficial to the majority of people, but please answer the questions below to help us identify whether you should seek medical advice before doing physical activity:** *(Please tick ‘yes’ or leave blank if ‘no’)* |
|  |
| Has your doctor ever said that you have a heart condition and/or high blood pressure? | Yes |  |  |  |  |
| Do you feel pain in your chest at rest, during your daily activities or during physical activity? | Yes |  |  |  |  |
| Do you ever lose balance because of dizziness or do you ever lose consciousness? | Yes |  |  |  |  |
| Do you have a bone or joint problem that could be made worse by physical activity? | Yes |  |  |  |  |
| Has your doctor ever told you not to do physical activity? | Yes |  |  |  |  |
| **2b:** | **Please give details of any current or long term medical conditions:** |
| If you have any injuries we should be aware of please specify: |  |  |
| If you use any medications which may affect your ability to exercise or be needed in an emergency. Please specify: |  |  |
| If you have any allergies (eg: nuts, wasps, aspirin) please specify: |  |  |
| If you have any special needs/requirements that you would like us to be aware of please specify: |  |

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| **2c.** | **Do any of the following disabilities affect your daily activities?** *(Please tick ‘yes’ or leave blank if ‘no’)* |
| Hearing impairment | Yes |  | Learning Difficulties | Yes |  | **Other:** |
| Visual impairment | Yes |  | Mobility Issues | Yes |  |
| Mental health | Yes |  | Longstanding Illness | Yes |  |

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| **3:** |  | **Your activity levels** |  |
| **In the past week, on how many days have you done a total of 30 minutes or more of moderate to vigorous physical activity, which was enough to increase your breathing rate?** *This may include sport, exercise, and brisk walking or cycling, but should not include housework or light physical activity that is part of your job.* |
|  |
| 0 |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  | 7 |  |  |
| **On an average day, in your leisure time (e.g., not at work or school) how many hours do you spend sitting?** *(EG watching telly, reading, playing on the computer, playing video games, eating/drinking, etc).* |
|  |
| 0 |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  | 7 |  |  |

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| --- | --- | --- | --- |
| **4:** |  | **How did you hear about us?** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | GP/Health Professional |  | Word of mouth |  | Social Media |  | Website |
|  | Media (TV/Radio/Press) |  | Here |  | Active for Life Prog |  | Workplace |
|  | Pharmacist |  | Activity worker/volunteer |  | Poster/flyer |  | Healthtrainer |
|  | Healthy Lifestyles Team |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **5:** |  | **KEEPING IN TOUCH** |

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| **I would like to receive information on other similar local activities supported by the Healthy Lifestyles Team** |
|  By email By phone By Text (SMS) By post |
| **I am happy to be contacted to provide feedback on my experience of these activities**  |
|  By email By phone By Text (SMS) By post |
| Do you want to be added onto the Brighton & Hove workplace health newsletter: |
|  Yes No  |

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| --- | --- | --- |
| **6:** |  | **DISCLAIMER** |

*I understand that if I answer ‘Yes’ to any of the health questions in section 2 I will speak to the session leader before taking part. I will seek medical advice if advised to, and will tell the session leader if my health changes in the future so that a new form can be completed. I understand that I participate at my own risk and that the Council will not be responsible for an injuries I incur if I have not declared any medical condition (except in circumstances where the Council is negligent or it has breached its duties as a local authority).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | ………………………………………………………………………… | **Date:** | …………………………….. |

**Thank you**

***Thank you for taking the time to fill out this form. It helps us make sure that our activities and events are friendly and accessible. It is also vital in terms of proving the value of the free and subsidised activities we provide for local people, and to help us to inspire others to get more active.***

