**Application Form**

**Confidentiality:** All information provided by you in completing this questionnaire will be treated in the strictest confidence by Craven District Council. Please answer all the questions fully and accurately.

Title: Mr/Mrs/Ms/Miss/Other: Marital Status:

First Name: DOB:

Surname: Ethnicity:

Address: Gender:

Post Code:

Home Tel: Mobile Tel:

Email Address:

Emergency Contact Name:

Emergency Contact Number:

Do you consider yourself to have a disability? No/Yes

**In the past 12 months have you suffered or are you suffering from any of the following:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Heart Disease |  |  |
| High Blood Pressure |  |  |
| Low Blood Pressure |  |  |
| Chest pains when involved in physical activity |  |  |
| Faint or felt nausea when involved in physical activity |  |  |
| High Cholesterol levels |  |  |
| Diabetes |  |  |
| Joint or bone problems |  |  |
| Asthma |  |  |
| Skin problems or allergies |  |  |
| Sensory problems such as hearing or sight issues |  |  |
| Falls |  |  |
| Do you take any forms of prescription medication? |  |  |
| Details: | | |

**Please provide us with additional information regarding your health and lifestyle?**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you currently pregnant? |  |  |
| Do you currently smoke? |  |  |
| Have you smoked within the last 6 months? |  |  |
| Have you been a previous gym member at Craven Leisure or any other fitness facility? |  |  |
| Have you performed any physical activity within the last 6 months? |  |  |
| Have you averaged more than one physical activity per week in the last 6 months? |  |  |

**Please confirm the following to show your eligibility for the programme;**

|  |  |
| --- | --- |
|  | Yes (√) |
| I can confirm that I have a registered address within the Craven District |  |
| I can confirm that I’m aged 16 and over |  |
| I can confirm that I’m female |  |
| I can confirm that I’ve performed one or less physical activity per week in the last six months. |  |
| I can confirm that all the information provided above is correct |  |

Customer Signature: Date:

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***Office use only***

Start date: Finish Date:

Induction Date: Payment of £30 paid: Y/N

Staff Name: Payment Method: Cash/Card