

Active for Life

Taster Sessions Referral Form

For people with learning disabilities


The person below would like to take part in the next Active for Life taster programme

Personal Details



 Name: _____

 Date of Birth: _____ / _____ / _____

 Address: _____

 Contact Number: _____

 Ethnic Origin: _____

Gender: Male  Female 

 Are there any times / days of the week where you would not be able to attend sessions?

 Is there anyone you would like to bring with you e.g. parent, carer, support worker?

YES NO  Name: _____

 Number: _____  Relationship: _____

 999 In an emergency please contact:  Name: _____

 Number: _____  Relationship: _____

 Do you have a professional supporting you? e.g. CPN, consultant, social worker, GP etc

YES NO Name of professional: _____

 Do we have your permission to share information with this person?

YES NO

Name of referrer: _____ Contact Number: _____

Physical Activity Readiness Questionnaire (PAR-Q)



1. Do you have a heart condition?

Yes

No



2. Do you ever feel pain in your chest?

Yes

No



3. Do you ever feel dizzy and lose your balance?

Yes

No



4. Do you have a bone or joint problem which could be made worse by physical activity?

Yes

No



5. Do you have Epilepsy?

Yes

No



6. Do you have Asthma?

Yes

No



7. Do you have high blood pressure?

Yes

No



8. Are you pregnant or have been in the last 6 months?

Yes

No



9. Any other health conditions (including allergies) you feel we should know about which might effect you taking part in taster sessions?

I understand that if I have answered yes to one or more of these questions I should speak to my doctor to check that I am healthy enough to do some light exercise. I understand that I am exercising at my own risk and do not have to take part in anything I do not want to. Plymouth Guild assumes no liability for persons who undertake physical activity. This information will be held by Plymouth Guild in a locked filing cabinet and will be destroyed after three years.

Please tick the box if you would like Active for Life to let you know about future events.

Please tick the box if you are happy for any photographs taken to be used to promote Active for Life e.g. in leaflets, on the website etc

I understand and accept this statement

Signed

Date
