

October Enrolment Form

PLEASE NOTE THAT YOU WILL NEED TO COMPLETE THE ATTACHED ENROLMENT FORM AND RETURN IT. ONCE RECEIVED YOU WILL BE CONTACTED FOR PAYMENT PLEASE ENSURE THAT YOU SIGN CONSENT. PLEASE CHECK BOTH SIDES OF PAPER.

Activity	Day and Time	Please	Venue	Cost		
Name		tick		(Monthly unless stated)		
Pub Clubs	Tuesday 1st October AM-PM		The Wheatsheaf Inn, New Milton	Please note this is carvery only Senior carvery £8.50 including pudding Regular carvery £10.95 Plus £12 for transport		
	Thursday 3rd October AM - PM		The Somerford Beefeater, Christchurch	Regular mains from £13.99 Supersized savings mains/ smaller appetites £7.99 Plus £12 for transport		
	Tuesday 8th October AM – PM		Miller & Carter Steakhouse, Poole	Fixed price lunch - 2 courses £16.75 Plus £12 for transport		
	Thursday 10th October AM - PM		The Claypipe Inn, Holton Heath	Regular mains from £9.49 2 main courses from £12.75 Plus £12 for transport		
	Tuesday 15th October AM-PM		The Barley Mow Pub, Wimborne	Regular mains from £13.50 Smaller Appetites from £9.50 Plus £12 for transport		
	Thursday 17th October AM-PM		The Needles Eye Cafe, Milford on Sea	Regular mains from £11.00 Lighter options from £7.20 Plus £12 for transport		
	Tuesday 22nd October AM-PM		The Seven Stars Pub, Wool	Regular mains from £14.95 Lighter options from £10.50 Plus £12 for transport		
	Thursday 24th October AM-PM		The Charlton Inn Pub, Blandford	Regular mains from £10.95 Smaller Appetites from £7.50 Plus £12 for transport		
	Tuesday 29th October AM-PM		The Dorset Soldier Pub, Corfe Mullen	Mains from £12.95 Lighter Bites from £8.00 Plus £12 for transport		
	Thursday 31st October AM-PM		The Cross Keys Inn, Holt	Regular mains from £14.50 Lighter options available - please check with the venue Wraps £7.50 Plus £12 for transport		
Combined Gentle Yoga & Chair	Monday 7 th October 1:30pm – 3pm Monday 14 th October 1:30pm – 3pm		Moordown Community	£28 for 4 sessions		
Yoga*	Monday 21 st October 1:30pm – 3pm Monday 28 th October 1:30pm – 3pm		Centre			

Energetic	Two Tuesdays – dates	Various			
	_				
Walking	TBC, further info upon	locations – confirmed	£15 annual		
Group	booking				
Meet and	Tuesday 1 st October	upon booking			
Eat Club	Tuesday 1 st October				
Eat Club	11am – 2:30pm Tuesday 8 th October				
	11am – 2:30pm	Braeside			
	Tuesday 15 th October	Village Hall, St			
	11am – 2:30pm	Leonards and	£87.50 (includes transport)		
	Tuesday 22 nd October	St Ives			
	11am – 2:30pm	Ot IVes			
	Tuesday 29 th October				
	11am – 2:30pm				
Chair	Wednesday 2 nd October				
Yoga	1:15pm-2:15pm				
Toga	Wednesday 2 nd October				
	2:45pm – 3:45pm				
	Wednesday 9 th October				
	1:15pm-2:15pm				
	Wednesday 9 th October				
	2:45pm – 3:45pm				
	Wednesday 16 th October				
	1:15pm-2:15pm	Canford Cliffs			
	Wednesday 16 th October	Village Hall	£35 for 5 sessions		
	2:45pm – 3:45pm	, mage rian			
	Wednesday 23 rd October				
	1:15pm-2:15pm				
	Wednesday 23 rd October				
	2:45pm – 3:45pm				
	Wednesday 30th October				
	1:15pm-2:15pm				
	Wednesday 30th October				
	2:45pm – 3:45pm				
Gentle	Friday 4 th October				
Yoga	10am – 11:30am				
	Friday 11 th October	Moordown			
	10am – 11:30am	Community	£28 for 4 sessions		
	Friday 18 th October	Centre	220 101 7 303310113		
	10am – 11:30am	- John G			
	Friday 25 th October				
	10am – 11:30am				
Memory	Tuesday 1 st October				
Club	9:45am –11:45am				
	Tuesday 8 th October				
	9:45am – 11:45am				
	Tuesday 15 th October	Canford Cliffs	£35 for 5 sessions		
	9:45am – 11:45am				
	Tuesday 22 nd October				
	9:45am – 11:45am				
	Tuesday 29 th October				
	9:45am – 11:45am				

^{*}Chair Yoga allows you to perform yoga poses while seated or using a chair for balance. Chair-based yoga offers the same benefits as traditional yoga, like boosting strength, flexibility, and mental wellbeing.

Mamani	Tuesday 1st October					
Memory	Tuesday 1st October					
Club	10am - 12pm					
(cont.)	Tuesday 8 th October					
	10am-12pm					
	Tuesday 15 th October		Charminster	£35 for 5 sessions		
	10am -12pm		manninsiei	233 101 3 565510115		
	Tuesday 22 nd October					
	10am -12pm					
	Tuesday 29 th October					
	10am -12pm					
	Tuesday 1 st October					
	1:30pm – 3:30pm					
	Tuesday 8 th October					
	1:30pm – 3:30pm					
	Tuesday 15 th October					
	1:30pm – 3:30pm	V	Vimborne	£35 for 5 sessions		
	Tuesday 22 nd October					
	1:30pm – 3:30pm					
	Tuesday 29 th October					
	1:30pm – 3:30pm					
	Wednesday 2 nd October					
	10am – 12pm					
	Wednesday 9 th October					
	10am – 12pm					
	Wednesday 16 th October	F	erndown	£35 for 5 sessions		
	10am – 12pm	•	on down	200 101 0 000010110		
	Wednesday 23 rd October					
	10am – 12pm	,				
	Wednesday 30 th October					
	10am – 12pm					
	Thursday 3 rd October					
	1:30pm – 3:30pm					
	Thursday 10 th October					
	1:30pm – 3:30pm					
	Thursday 17 th October	c	Southbourne	£35 for 5 sessions		
	1:30pm – 3:30pm		outribourrie	£33 IOI 3 Sessions		
	Thursday 24 th October					
	1:30pm – 3:30pm					
	Thursday 31 st October					
	1:30pm – 3:30pm					
	Monday 7 th October					
	10am – 12pm					
	Monday 14 th October					
	10am – 12pm		N1-	000 for 4 and in a		
	Monday 21 st October		Poole	£28 for 4 sessions		
-	10am – 12pm					
	Monday 28 th October					
	10am – 12pm					
	Monday 7 th October					
	10am – 12pm					
	Monday 14 th October					
	10am – 12pm					
	Monday 21st October	C	Christchurch	£28 for 4 sessions		
	10am – 12pm					
	Monday 28 th October					
	10am – 12pm					
1	Tourn IZPIII					

Would you also	be interested in	any of the following? Please tick all applicable
☐ East Dorset a	activities	rength and Balance classes Shopping trips
Where did you	hear about us? Pl	ease tick all applicable
☐ Social media	Poster	Guide to Services brochure
☐ Word of mou	th Around G	uides Ferndown
☐ Other, please	state:	
 Please not purchase. Please er Course/ or transferal. It is your not book on confices on paid for chare not al. Unfortuna sticks). Please er purchase. 	outings costs need to the that the fees for diseparately. Insure that you enrouting fees are to be collected in exceptional diseases, outings and 01202 530530. Plasses. Please do relately, our pub clubs ease complete the	to be paid a month in advance. Tour pubs clubs does not include your meal, this is to be If in good time, as places are on a first come, first served basis, a paid a month in advance, they are non-refundable and non-circumstances fees may be refunded. Tone and book onto our classes/ outings, we can assist you to diassist you to pay fees over the phone. Please contact our ease do not arrive at our venues unless you have booked and not turn up at classes/outings with payments as class facilitators ts. If are not suitable for those that use walking aids (except walking medical consent form attached.
Please fill in yo Title:	ur details: First Name:	Surname:
Address:		
Postcode:		
Email address:		
Home phone		Mobile:
Method of payment	Cash Card	Please make cheques payable to 'Age UK Bournemouth, Poole and East Dorset) 's end to 700 Wimborne Road, Bournemouth, Dorset BH9 2EG
How would yo	u like your confiri	mation sent? email post
SIGNATURE:		
DATE:		
Consent		
		rsonal information to be recorded & stored on relevant Age UKast Dorset databases.
Yes	No	

2) I give my consent for Age UK Bournemouth, Poole, and East Dorset to share my personal

information with (please tick the appropriate boxes):

☐ Other voluntary organisations							
☐ NHS and other health organisations							
☐ Adult Social Care							
☐ Mental Health Services	5						
Staff / volunteers/ tutors wo Dorset	orking for and o	n behalf of Age UK	Bournemo	uth, Poole an	ıd East		
Yes No							
In the case of an emergency to share any medical inform Yes No	•	•			Dorset		
Your personal information will only be withdrawn at any time	y be used for th	ne purposes for wh	ich it is inte	ended. Conse	ent can		
Signed:							
Date:							
			_				
	& Wellbeing N	ledical Questionn	<u>aire</u>				
Activity Name:							
Section 1 – Personal Details Name:	Date of Birth:						
Name.	Date of Birtin.						
Address:							
Home Phone:	Mobile Phone	:	Email:				
Section 2 – Emergency Contact	Details						
Name of Contact:		Relationship:					
Home Phone:		Mobile Phone:					
Section 3 – Doctors details		<u> </u>					
Name:		Tel No:					
Address:							
Section 4 – General Health Infor	rmation						
Regular physical activity red days preferably all days of but does not necessarily ne	f the week. Mo nake you puff, i	derate intensity act t includes activities	ivity increas such as wa	ses your hear alking, golf ar	rt rate		
2. Have you participated in exerc	Yes	No					
3. Have you ever participated in any strength training				No			
4. Has your doctor ever said you	Yes Yes	No					
only do exercise recommended by them or a medical professional?							
5. Do you feel pain in your chest when you do physical activity? Yes No							
6. Do you have any problems wit		zziness?	Yes	No			
7. Have you had any recent illnes	Yes	No	<u></u>				

8. Do you have any joint or bone problems that could be made worse Yes No								
by a change in physical activity?								
1	9. Do you feel any pain when you exercise that is not mentioned Yes No							
above?								
10. Do you have or had a	ny of the f	following?						
Asthma	Yes	No	Osteoporosis		Yes		No	
breathlessness	Yes	No	Knee Problems		Yes		No	
Diabetes	Yes	No	Foot Problems		Yes		No	
Allergies	Yes	No	Muscle Problems		Yes		No	
Arthritis	Yes	No	Cancer		Yes		No	
Anaemia	Yes	No	Heart Attack		Yes		No	
Back Problems	Yes	No	Neck Problems		Yes		No	
Hip Problems	Yes	No	Stroke		Yes		No	
11. If you have answered	YES to a	nything on C	Questions 4-10 please g	ive mo	re deta	ils of t	he	
condition below, how it mi								
12. Do you take any Pres	cribed Me	dication? Pl	ease list below					
13. Is your GP or medical professional aware of your participation in Yes No								
13. Is your GP or medical professional aware of your participation in Yes No exercise classes?								
14. Please give any details of any exercises that should be avoided as recommended by a medical								
professional								
professional								
15. Are there any exercises that you struggle to carry out and should be considered by the								
instructor								
16. Do you use any Mobility Aids, if YES Please inform us below Yes No								
17. Do you have any Cognitive								
Issues: Please give details								J
issues. Flease give details								

Personal Consent

- The Activity will be supervised.
- I will attend the activity entirely at my own risk and exercise due care to ensure my personal safety and that of others.
- Age UK BPED takes no responsibility for the loss of any personal property.
- I declare that I have no medical or physical condition that may be made worse by participation in the activity or precludes me from participating in the activity. (If so, please detail on the medical Questionnaire)
- I consent to Age UK BPED securely storing my personal data for internal use to enable my
 participation in this activity. Please contact us for our GDPR Policy. I consent and authorise
 Age UK BPED to take photographs video, film, or audiotapes, that capture my name, voice
 and or image and use them for promotional or educational/training purposes. I understand
 that:
- My images will be held in accordance with the General Data Protection Regulation and the Data Protection Act 2018;

- My image will be held for up to 10 years, for promotional purposes online, unless I withdraw my consent;
- I can withdraw my consent at any time by emailing enquiries@ageukbped.org.uk
- I will conduct myself in a safe and responsible manner for the duration of my participation in the activity.
- If it is deemed that you no longer meet the required criteria it is in our right to remove you from the activity in order to keep you and others safe.
- I will follow any reasonable direction or advice affecting my safety that is given to me by the session leader.
- I accept all risks associated with the activity for myself and heirs, executors and assignees, and release the organisation from all claims, actions, suits, and demands from loss or injury to me or my dependants arising from my participation in this activity.

to me of my dependence anomy mem my parable and me dearning.						
Name		Date:				
Signed:						