

**Personal Details**

<b>Title:</b>	<input style="width:100%;" type="text" value="Mr / Mrs / Ms / Miss / Other:"/>				
<b>Name:</b>	<input style="width:100%;" type="text"/>				
<b>Address:</b>	<input style="width:100%;" type="text"/>	<b>Postcode:</b>	<input style="width:100%;" type="text"/>		
		<b>DOB:</b>	<input style="width:100%;" type="text"/>		
<b>Phone:</b>	<input style="width:100%;" type="text"/>	<b>Mobile:</b>	<input style="width:100%;" type="text"/>		
<b>Preferred way to contact you</b>	<table style="width:100%; border:none;"> <tr> <td style="width:50%;"><b>Telephone call</b> <input style="width:40px; height:20px;" type="checkbox"/></td> <td style="width:50%;"><b>Text Message</b> <input style="width:40px; height:20px;" type="checkbox"/></td> </tr> </table>			<b>Telephone call</b> <input style="width:40px; height:20px;" type="checkbox"/>	<b>Text Message</b> <input style="width:40px; height:20px;" type="checkbox"/>
<b>Telephone call</b> <input style="width:40px; height:20px;" type="checkbox"/>	<b>Text Message</b> <input style="width:40px; height:20px;" type="checkbox"/>				

**Medical Information & Emergency Contact Details**

**Medical Details:** (Conditions, Disabilities, Allergies, etc) **Please complete health questionnaire attached.**

<b>GP Name &amp; Address</b>	<input style="width:100%; height:80px;" type="text"/>
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<b>Emergency Contact:</b>	<input style="width:100%;" type="text"/>		
<b>Phone:</b>	<input style="width:100%;" type="text"/>	<b>Relationship to you:</b>	<input style="width:100%;" type="text"/>

**Do you live alone?** Yes / No

**How did you first hear about/get involved with the project?**

- |  |   |
|--|---|
| <input type="checkbox"/> Family<br><input type="checkbox"/> Friend<br><input type="checkbox"/> Bulletin/Newsletter<br><input type="checkbox"/> Other Organisation e.g Local Council, Charity, Group: _____ | <input type="checkbox"/> GP<br><input type="checkbox"/> Social Worker/Support Worker<br><input type="checkbox"/> Other Health Professional e.g. Physio<br>If above, please give details: _____<br>_____ |
|--|---|

**Please return pages 1,2,3 & 4 by Friday 19<sup>th</sup> May 2023.**

## Activity Questionnaire

Tick the activity/class you would attend if it were available.

<b>Activity</b>			
<b>Chair exercises</b>		<b>Flower arranging</b>	
<b>Crochet</b>		<b>Wreath making</b>	
<b>Afternoon tea</b>		<b>Arts &amp; crafts</b>	
<b>Luncheon Club</b>		<b>Gardening</b>	
<b>Movie days</b>		<b>Coffee Morning</b>	
<b>Table quiz</b>		<b>Boccia</b>	
<b>Information sessions</b>		<b>Pilates</b>	
<b>Dance class</b>		<b>Card Game days</b>	
<b>Tea dance</b>		<b>Reading group/ book club</b>	
<b>Walking group</b>		<b>Storytelling</b>	
<b>I pad/phone training</b>		<b>Walking football</b>	
<b>Yoga</b>		<b>Bingo days</b>	
<b>Competitions – games/crosswords /scrabble</b>		<b>Music lessons – learn to play an instrument.</b>	
<b>Woodwork</b>		<b>Creative writing/poetry</b>	
<b>Tai chi</b>		<b>Jewellery making</b>	
<b>Learn a new language</b>			

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## Medical Questionnaire

<b>Have you had OR do you presently have any of the following conditions?</b>			
<b>Heart problems</b>		<b>Dementia</b>	
<b>Lung problems</b>		<b>Alzheimers</b>	
<b>High or low blood pressure</b>		<b>Epilepsy or seizures</b>	
<b>Recent Operations</b>		<b>Diabetes</b>	
<b>Injuries</b>		<b>Fainting or dizziness with or without physical exertion</b>	
<b>Arthritis</b>		<b>Shortness of breath at rest or with mild exertion</b>	
<b>Stroke</b>		<b>Chest pains</b>	
<b>Multiple Sclerosis</b>		<b>Unusual fatigue or shortness of breath with usual activities</b>	
<b>Allergies</b>		<b>Mobility issues</b>	
<b>Disabilities</b>		<b>Other</b>	

**Please provide more details on any of the above you have or had.**

(It is important to inform us of any of the above as it helps us to support you best we can.)

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## Mid Ulster Volunteer Centre – Forever Young Project Privacy notice

- From 25<sup>th</sup> May 2018 Mid Ulster Volunteer Centre will comply with the EU's General Data Protection Regulation (GDPR).
- Mid Ulster Volunteer Centre takes your privacy seriously and will only collect your personal information on the basis of legitimate interest. In order to attend the project we need to collect certain information about you.
- We will only use your personal information to maintain accurate records of members and to contact you with details about the services we offer. We may also use your information for monitoring and evaluation purposes.
- We will not share your information with third parties.
- We will store a hard copy of your information in a secure filing cabinet and a digital copy on a secure computer database. We will retain your information for the period required by our funders.
- If you do not want us to hold your personal information or would like it removed please contact us on 028 7930 1862. Please note however, you will no longer be able to attend the project provided by Mid Ulster Volunteer Centre.
- For evaluation purposes we may contact relevant parties, such as your GP, social worker or other referring agent etc, to discuss your experience on the project and the difference it has made/is making to you. Please confirm below if you consent to this.
  - Yes
  - No
- From time to time we may take photographs of activities taking place for evaluation and promotion purposes. Please tick the appropriate box below to state if you consent for your photograph to be taken.
  - Yes
  - No

**Name (Please print):** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return pages 1,2,3 & 4 by Friday 19<sup>th</sup> May 2023.**