

HOME SERIES: MEDICAL FORM

Contact information

Name:

Email address:

Telephone (we will only contact you in The unlikely case that there are any problems with the workshop):



Monitoring Information

Please note that on all the below you are entirely welcome to answer prefer not to say, but, we ask purely to demonstrate to arts council and other funders the diverse demographic of our audience.

City of residence:

Age:

Ethnicity/Heritage:

Disability Status:

Gender Identity:

Sexual Orientation:

Medical information

(This bit is compulsory)

Emergency contact number:

Do you have any conditions which we should know about? Please list below:
(Examples of these could be: Breathing/Hearing/Chronic Health Conditions that might mean we alter things to accommodate your condition)

Declaration:

I am fit to participate in physical exercise and will inform you if the situation changes:

Yes:

No (Please explain):

Date:

Thank you and Best Wishes,