|  |  |  |  |
| --- | --- | --- | --- |
|  Last name. |  | First name |  |
| Address |  | Telephone.email |  |
| Emergency contactWhilst at Men’s Shed |  | Telephone |  |

For most people, physical activity is safe and healthy. A very small number of people may need to seek medical advice before participating, if you are in any doubt please speak with your GP beforehand. If you have any medical condition or disability you think we should know about or may impair your use of some tools please tell us below.

Do you suffer from any respiratory condition, such as Asthma? Yes/No

Do you ever lose balance due to dizziness or ever lose consciousness? Yes/No

Do you suffer from any allergies? Yes/No

Any other condition you think we should know about? Yes/No

Are you taking medication, the advice for which is not to drive or operate machinery? Yes/No

If Yes to any above please enter details and if you are ok to participate.

Do you have any skills, experience or interests you would like to bring to the Men’s Shed?

I understand the nature of the activities in which I may take part and do so at my own risk. I also understand that I have a responsibility to take care of myself and will only use tools with which I am familiar or under supervision. I will alert the Men’s Shed supervisors if I become aware of any change to the information on this form.

I accept that I may be photographed/filmed during my participation in the Men’s Shed and these images may be used by Vitality Villages in the production of materials related to the project. This may be in the form of print or online materials.

I have been given a copy of the Herstmonceux Men’s Shed Rules and will abide by them.

I have volunteered this information and understand that it will be treated with respect and held securely under the current Data Protection Act and GDPR requirements and will only be shared or disclosed to facilitate appropriate medical care/first aid to me.

Signed……………………………………………………………….Date…………………………………………………….