



REGISTRATION FORM

A Place To Grow is a Community Garden that promotes positive health and wellbeing for Blaby District residents

SECTION 1 – PERSONAL DETAILS				
Name:				
Address:				
Post Code:				
Date of Birth:				
Home Telephone No:Mobile No:				
Email Address:				
EMERGENCY CONTACT DETAILS:				
Contact Name:Tel No:				
Relationship:Mobile No:				
GP DETAILS:				
Address:				
Tel No:				
ANY OTHER HEALTH PROFESSIONAL YOU ARE WORKING WITH:				
Name:				
Address:				
Tel No:				
Email:				
PAST GARDENING EXPERIENCE (Details of any previous experience):				

EXPECTATIONS: (Please list what you hope to gain from attending the project, i.e. meet				
people / improve confidence / learn new skills):				
TRAVEL ARRANGEMENTS (How do you plan to travel to the site)?				
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SPECIALIST SUPPORT (Please give details of any specialist support that may be necessary to				
ensure that A Place to Grow Project is a positive experience for you)?				
DATA PROTECTION				
Blaby District Council is registered under the Data Protection Act 1998 for the purpose of				
processing personal data in the performance of its legitimate business. We will use the				
information you have provided to let you know about any changes to the activity you have signed up for. We will always treat your information fairly, in ways you would expect and				
will keep the information you provide to us secure. Any Safeguarding concerns we have will				
be reported in-line with Blaby District Council policy.				
Please tick the box to say you have read and understood the above statement				

SECTION 2 - HEALTH FORM

This information required below enables A Place to Grow to provide a suitable, safe and enjoyable working environment.

Please answer the following questions and provide details if answering 'Yes'

Do you have a cardiac condition?				
No 🗆	Yes 🗆			
Do you have a respiratory condition?				
No □	Yes 🗆			
Do you suffer with epilepsy?				
No □	Yes 🗆			
Do you suffer with diabetes?				
No □	Yes 🗆			
Do you suffer with allergies?				
No □	Yes 🗆			
Do you have any mental health needs?				
No □	Yes 🗆			
Please answer the following questions and provide details if answering 'Yes'				
Do you have hearing impairment?				
No □	Yes □			
details of ar	ny preferred method of communication (lip reading, BSL or written, etc.)			
Do you how	Canada la constanta de la cons			
-	re visual impairment?			
	Yes			
Do you experience any phobias?				
No 🗆	Yes			
Do you experience medication side effects that may affect your work in the garden?				
(e.g. drowsiness, sensitivity to sunlight)				
No □	Yes			
I understand that I retain full responsibility for my health and safety while attending the A Place To Grow site (please to tick the box to confirm you understand this)				

SECTION 3 - EQUAL OPPORTUNITIES MONITORING FORM A Place to Grow is committed to the principle of equal opportunities for all. Please answer the following questions: AGE 16-25 □ 25-34 □ 35-44 □ 65+ □ 45-54□ 55-64 □ **GENDER** Male \square Female \square **ETHNIC GROUP** Please indicate your ethnic group: WHITE **MIXED ASIAN OR BLACK OR GYPSY/TRAVELLER CVHINESE** ASIAN BLACK OR **BRITISH BRITISH** ORTHER **ETHNIC GROUP** White and Black Gypsy/traveller British □ Indian □ Chinese □ Black Caribbean П **C**aribbean □ Black White and Pakistani Other Irish □ Black African African Ethnic П Group□ Other White and Bangladeshi Other Black white Asian □ Mixed Other Asian British □ Other Mixed DISABILITY The Disability Discrimination Act 1995 (DDA) protects people with a disability. The DDA defines a person as having a disability if they have a physical or mental impairment, which has a substantial, long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the description given above? No □ Yes \square Are you registered as having a disability?

Yes \square

No □

The information I have provided is given to the best of my knowledge. I will inform Blaby District Council of any change in circumstances.

SECTION 4 - SIGNATURE

Signature:	.Date:			
Print name below if signing on behalf of the applicant and provide a contact phone number:				
Name:	Phone No:			
Relationship to applicant:				

Please return this form to the Health & Leisure Services Team at Blaby District Council

Post: Blaby District Council, The Pavilion, Sports Field Lane, Huncote,

Leicestershire, LE9 3BN

Email: leisure@blaby.gov.uk

Any questions?

Please call us on 0116 272 7703