|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Logo  Description automatically generatedHart Health Walks | | | | | | | | | | |
| Walker Registration Form | | | | | | | | | |
| Hart Health Walks are aimed at anyone who would like to walk in a safe and social setting and are managed by Hart Voluntary Action.   In order to do manage the walks, you are required to register for administrative purposes to facilitate your participation. | | | | | | | | Background pattern  Description automatically generated | |
|  | | | | | | | | | |
| **Please provide the following information:** | | | | | | | | | |
| **Name** |  |  | **Address** |  |  | | | |  |
|  | | | | |  | | | |
| **Email** |  |  |  |  |  | | | |
|  | | | | |  | | | |  |
| **Phone** |  |  | **Post Code** | |  | | | |  |
|  | | | | | | | | | |
| **Year of Birth \*** |  |  | **\*** (this is used for reporting purposes only) | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **How your information is used:***(delete whichever you do* ***NOT*** *wish to apply)* | | | | | | | | | |
| 1. As part of registration, we are asking you to complete an anonymous health survey. This information will only be used for future funding requirements and reporting purposes within HVA. | | | | | | | | |  |
| Are you happy to receive a health survey by email? | | | | |  | Yes |  | No |  |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 2. HVA will use your information to contact you about general management and administration of the walks and compliance with duty of care and health and safety. We would also like to contact you from time to time to take part in anonymous surveys for monitoring and reporting purposes | | | | |  | Email |  | Phone |  |
|  |  |  |  |  |
|  | Prefer not to be contacted | | |  |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 3. HVA would like to contact you from time to time about its other projects and services. Are you happy to receive email information from HVA. | | | | |  | Yes |  | No |  |
|  |  |  |  |  |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 4. Please confirm you understand that you take part at your own risk and will seek medical advice if appropriate | | | | |  | Yes |  | No |  |
|  | | | | | | | | | |
|  | | | | | | | | | |
| You have the right to change your mind about any of the things you have consented to on this form. If you wish to change any of your consents, please contact us: | | | | | | | | | |
| **Contact** | Caroline Winchurch |  | **Website** |  | www.hartvolaction.org.uk | | | |  |
|  | | | | | | | | | |
| **Email** | healthwalks@hartvolaction.org.uk |  | **Phone** |  | 01252 815652 | | | |  |
|  | | | | | | | | | |