# **Activity Buddy Scheme**

This scheme is managed by Eastleigh Borough Council's HealthWorks team, based at the Health Hub in Places Leisure Eastleigh.

### Members

#### Can I be a member?

Members are adults who may have a physical or learning disability and/or long-term illness, or other challenges that stop them from participating in sport or active sessions.

#### Who are the volunteers?

The volunteers help support you, the member, to be more active for one hour a week and increase your participation in sport and physical activity in a friendly, safe, and fun atmosphere. They make a commitment to accompany you during physical activity to improve your experience and ability to achieve your goals.

Volunteers complete a training and induction process, including a DBS check.

Volunteers will not be expected to perform the role of a personal assistant/carer or a fitness instructor. This includes providing transport, assistance with changing, personal care, medication, lifting or carrying, or providing professional fitness training.

The Activity Buddy Scheme Coordinator is responsible for recruiting, managing and matching members and volunteers. Matching is based on availability and activity preference.

#### eastleigh.gov.uk/activity-buddy

## To discuss if you qualify as a member, please contact:

Activity Buddy Coordinator 023 8068 4813 healthworks@eastleigh.gov.uk







#### Activity Buddy request

Name					
Address					
Postcode					
Tel			Mobile		
Email					
Please provide an emo	ergency contact:				
Name			Relationship		
Tel					
Are you currently takin	g part in any phy	vsical activity? yes	no	(If yes, please	state)
Which activities would	l you like to reque	est a buddy for?			
Swimming	Gym	Exercise class	Badr	minton	Other (please state)
How often and when	are you looking t	o take part in these acti	vites?		
What are your fitness	and/or sport god	als? How do you feel c	n Activity Bu	uddy can help	you achieve these?
Do you consider yours If yes, please give a b		ability? Yes No f your disability and/or		ndition:	
Are you happy to shar Yes No	e the above info	rmation with your Activi	ry Buddy so	they can supp	ort you more effectively?
Signed			Date		
	1				

Please return your completed request form to: Active Buddy Coordinator, HealthWorks, Places Leisure Eastleigh, Eastleigh SO50 9NL or email it to: healthworks@eastleigh.gov.uk

