

**Activity Buddy Scheme**

**Assistance Request Form**

1. Name:

2. Age:

3. Address:

4. Telephone/Mobile:

5. Email:

**Your medical History:**

Are you or could you be pregnant? **Y / N** (Delete as appropriate)

Have you had a baby in the last 12 months? **Y / N** (Delete as appropriate)

Do you have a disability? **Y / N** (Delete as appropriate) If Yes, please give details:

Do you have any back or joint problems? **Y / N** If Yes, please give details:

Do you have any heart conditions? **Y / N** If Yes, please give details:

Do you ever lose your balance because of dizziness or lose consciousness?

**Y / N** If Yes, please give details:

Do you have any severe allergies or asthma? **Y / N** If Yes, please give details:

Are you currently undergoing or anticipating any hospital treatment? **Y / N**

If Yes, please give details:

Page 1



**Activity Buddy Scheme**

**Exercise**

Have you exercised in the past? If so, what did you do?

Which Activities at Fleming Park Leisure Centre are you interested in doing?

Swimming The Gym Other Please state ……………………………………….

What are your fitness or sports goals?

In what way would you like an Activity Buddy to support you to exercise?

Will you be attending at a fixed time each week? If so, please state:

 Mon Tues Wed Thurs Fri Sat Sun

 Preferred

 Times

*\*You may qualify for use of the leisure centre facilities at a discounted rate under our Passport to Leisure Scheme or the HealthWorks Physical Activity Referral Scheme. Please enquire for further details.*

 Do you object to your Activity Buddy knowing about your medical condition/ impairment so that they can support you more effectively?

**YES/NO** (delete as appropriate)

Page 2



**Activity Buddy Scheme**

**Emergency Contact Details:**

If possible please provide 2 contacts and their home and mobile number.

Please also advise their relationship to you – eg: husband/wife, mother/father, carer

Name:

Relationship:

Contact Tel No 1:

Contact Tel No 2:

Name:

Relationship:

Contact Tel No 1:

Contact Tel No 2:

Please return this form to:

Activity Buddy Coordinator

Healthworks

Fleming Park Leisure Centre

Passfield Avenue

Eastleigh, SO50 9NL

Healthworks@eastleigh.gov.uk

Page 3