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**Wellbeing Activities - Registration Form**

**Please complete whole form:**

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| --- | --- |
| **NAME:** |  |
| **ADDRESS:****(include post code)** |  |
| **PHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **EMERGENCY CONTACT:****(name & phone number)** |  |
| **ETHNICITY:** |  | Prefer not to say: |
| **GENDER:** | Male: | Female: | Prefer not to say: |
| **AGE RANGE:****(Please circle)** | 45-5455-64 | 65-7475-84 | 85+ |
| **INTERESTS:****(please circle)** | ShoppingPub lunches | MarketsSeaside | Garden centresOther |
| **IF OTHER PLEASE COMMENT** |  |

**Preferred method of contact: (please circle)**

EMAIL POST PHONE

**Do you require mobility aids: (please circle)**

WHEELCHAIR WALKER MINIBUS TAIL LIFT

OTHER:

**I understand that trips are allocated on a first come, first served basis, and could be cancelled at short notice due to unforeseen circumstances.**

**All personal possessions are the responsibility of the attendee and not SERVE drivers or SERVE itself.**

**FULL NAME:**

**SIGNATURE:**

**DATE:**

**SERVE HAS AN EQUAL OPPORTUNITIES POLICY**

**We aim to serve the community with impartiality, sensitivity, awareness and sympathy, irrespective of a person’s race, colour, ethnic or national origin, religion, creed, age, sex, marital status, social position, disability, sexual orientation, political opinion or social disadvantage. These details will be stored on SERVE database but, in line with the Data Protection Act, all information that you give us is confidential.**