

Office use only:	
Programme	Family Fit
Venue	
Day & Time	
Staff member	



Legacy WM Registration Sheet

NAME (inc. Mr/Mrs/Miss)		
ADDRESS		
POST CODE		
CONTACT NUMBERS	Home	Mobile
EMAIL ADDRESS		
DATE OF BIRTH		

What are you looking at to gain from the health programme? Please tick all that apply			
<input type="checkbox"/>	To get more active	<input type="checkbox"/>	To lose weight
<input type="checkbox"/>	To try new activities	<input type="checkbox"/>	To challenge myself
<input type="checkbox"/>	To feel better about myself	<input type="checkbox"/>	To feel part of my community
<input type="checkbox"/>	To kick start a healthy lifestyle	<input type="checkbox"/>	Referred by GP/Health professional

What type of activities would you be interested in me? Please tick all that apply			
<input type="checkbox"/>	Health checks	<input type="checkbox"/>	Sports activities
<input type="checkbox"/>	Healthy eating workshops	<input type="checkbox"/>	Walking
<input type="checkbox"/>	Cook and eat	<input type="checkbox"/>	Holistic therapy (Reiki, meditation, yoga etc.)
<input type="checkbox"/>	Weight Management classes	<input type="checkbox"/>	Health
<input type="checkbox"/>	Advice and support for long term illness (Diabetes, stroke, heart disease etc.)	<input type="checkbox"/>	Education and training
<input type="checkbox"/>	Other (please specify)		

Please tell us how you heard about our health programme?			
<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Referred by GP
<input type="checkbox"/>	Friend/Family	<input type="checkbox"/>	Other Health Professional
<input type="checkbox"/>	School	<input type="checkbox"/>	Children's Centre
<input type="checkbox"/>		<input type="checkbox"/>	Local Group or services
<input type="checkbox"/>		<input type="checkbox"/>	Legacy Website/Facebook/Twitter
<input type="checkbox"/>		<input type="checkbox"/>	Other (please specify):

Please return this form to: Legacy WM
Soho House
Handsworth
B18 5LB

Or alternative via email to: info@legacy-wm-org