

A: Participant Details

| | | |
|-------------------------|--------|----------------|
| Full name: | | Date of birth: |
| Address: | | Post code: |
| Tel No: | Email: | |
| Emergency contact name: | | Tel No: |

B: Health screening

For most people, physical activity does not pose a hazard and can improve overall health & well-being. Cycling, however, can be strenuous and therefore riders should be in good physical health. **Riders who have any doubt about their health or have a medical condition that could be affected by exercise, particularly a heart condition, should consult their doctor before participating.**

| Have you been diagnosed by your doctor or health professional with any of the following medical conditions? | Yes | No | Prefer not to say |
|---|-----|----|-------------------|
| B1. Heart disease or a heart condition | | | |
| B2. High blood pressure | | | |
| B3. COPD (Emphysema and Chronic Bronchitis) | | | |
| B4. Diabetes | | | |
| B5. Asthma | | | |

Do you experience or have any of the following?

| | Yes | No | Prefer not to say |
|--|-----|----|-------------------|
| B6. Pain in your chest when you do physical activity? | | | |
| B7. Loss of balance because of dizziness or lose of consciousness? | | | |
| B8. Pain in your chest within the last month when you were NOT doing physical activity? | | | |
| B9. Bone or joint problems that could be made worse by a change in your physical activity? | | | |
| B10. Do you have a long-standing (i.e. for more than 12 months and likely to continue) illness, condition or disability which affects (or limits) your day to day activities? | | | |

If Yes, please give brief details

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Please advise the ride leader if you have any other conditions you feel they might need to know of.

C: Activity & helmet Consent

| Solihull Wheels for All strongly recommends all riders wear a helmet | Yes | No |
|---|-----|----|
| C1: I understand the sessions will be led by experienced volunteers. Their role is to give advice and support about cycling issues such as helmets, types of bikes and to adjust bikes when needed. | | |
| C2: I understand that there is some risk in doing this activity such as falling off or bumping in to other bikes and track users | | |
| C3: I know why it is important to wear a helmet and that this will reduce the risk of me being injured | | |
| C4: I be wearing a helmet | | |
| C5: I will follow the rules and code of conduct as published on the Solihull Wheels for All website and will take full responsibility for my/my client's personal safety | | |

D: Using and sharing information

Your information will be held in accordance with the Data Protection Act 1998. Anonymous data may be used to evaluate sessions and show funders that they offer value for money. Summary information will also be used by Solihull Wheels For All to further safeguarding and promoting the use of cycling to improve the health of the population. The information will be input into a central secure database which may be used to draw anonymised reports regarding Solihull Wheels For All. The results of any analysis may be used to support funding bids and to help define the health value of cycling

E: Declaration

E1: I understand that if I have answered 'Yes' to one or more of the **health screening** questions, I should seek medical advice before attending a cycling programme. I agree to tell the cycle leaders if there is a change in my medical condition. I understand that this information will be shared with other cycle leaders and that I cycle at my own risk.

E2: I understand that **carers are responsible for their clients** at all times and should remain on-site during sessions

E3: I have read, understood and agree to the above statement regarding the '**Using and sharing information**'.

NOTE: The minimum age for signing consent is 18. People aged under 18 years of age can only use a bicycle if a parent or legal guardian/ carer aged 18 or over accompanies them and/or has given their prior consent and signed this form

| | | |
|-------------|---------|-------|
| Print name: | Signed: | Date: |
|-------------|---------|-------|

Relationship to service user (if not signed by service user)

| | | | | |
|-------|----------------|-----------------|---------------|-------|
| Carer | Support Worker | Parent/Guardian | Family member | Other |
|-------|----------------|-----------------|---------------|-------|

If Other please give more detail below:

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Fund-raising

The sections below are not mandatory but are very useful in supporting our fund raising efforts. If they are not completed we will assume that photo consent is withheld.

F: About you

F1: In the **past week**, on how many days have you accumulated **at least 30 minutes** of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation?

Please describe your cycling experience (choose one)

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

F2: New cyclist (beginner)

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F3: Existing cyclist (cycce regularly)

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F4: Returning cyclist (not cycled for three months or more)

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G. How did you hear about Solihull Wheels for All? Please tick all that apply

| | | |
|---------------------------------|----------------------|----------------------------|
| GP/health professional referral | Poster/advertisement | Resident's Association |
| Leisure Centre | Youth group | Other (please state which) |
| Walking group | School/college | |

H: Photo Consent

For promotional purposes, Solihull Wheels For All may wish to take photographs during activities. These images may appear in our printed publications, on our website or be sent to local newspapers. If you consent for Solihull Wheels For All to use images of you for these purposes please tick the relevant box(es). Your consent can be withdrawn or amended at any time by contacting solihullwfaenquiries@gmail.com

| | | |
|---|-----|----|
| | Yes | No |
| H1: Photos for printed publications | | |
| H2: Photos for website/social media usage | | |
| H3: Photos for local news/magazines | | |
| H4: Photos for partners raising charity funds for SWFA | | |
| H5: Film / video footage for website, social media and television | | |

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|-------------------|----------|------|
| Loaded to Cliniko | Initials | Date |
|-------------------|----------|------|