

Application Form for Earth for Life's Veterans' Ecotherapy sessions

Personal details	
Name _____	
Male / Female / Transgender / Other _____	
Address _____ _____	
Tel no. _____	D.O.B. _____
Next of kin _____	
Relationship _____	Tel no. _____

Exercise readiness
<p>1. Has a doctor recently indicated that you should restrict your physical activity?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Do you have high blood pressure that is <i>not</i> being treated and/or monitored?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Do you have a heart condition that is <i>not</i> being treated and/or monitored?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>*If you answered 'yes' to any of the above questions, please provide a letter from your GP/RMO outlining your suitability to take part in Branching Out.</i></p>

Medication
<p>4. Please give details of any medication you take which may affect exercise or first aid situations:</p> <p>_____</p>

Mental Health
<p>5. What mental health &/or substance dependency issue(s) do you have, which could affect your attendance at this course?</p> <p>_____</p>

Physical health														
<p>6. Do you have any physical limitations that would make physical activity difficult?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Back pain <input type="checkbox"/></td> <td style="width: 50%;">Obesity <input type="checkbox"/></td> </tr> <tr> <td>Amputation <input type="checkbox"/></td> <td>Osteoarthritis <input type="checkbox"/></td> </tr> <tr> <td>Injury <input type="checkbox"/></td> <td>Rheumatic arthritis <input type="checkbox"/></td> </tr> <tr> <td>PVD <input type="checkbox"/></td> <td>Joint replacement <input type="checkbox"/></td> </tr> <tr> <td>Multiple sclerosis <input type="checkbox"/></td> <td>Other joint pain <input type="checkbox"/></td> </tr> <tr> <td>Osteoporosis <input type="checkbox"/></td> <td>Chronic fatigue <input type="checkbox"/></td> </tr> <tr> <td>Functional post stroke <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> </table> <p>Please give details _____</p>	Back pain <input type="checkbox"/>	Obesity <input type="checkbox"/>	Amputation <input type="checkbox"/>	Osteoarthritis <input type="checkbox"/>	Injury <input type="checkbox"/>	Rheumatic arthritis <input type="checkbox"/>	PVD <input type="checkbox"/>	Joint replacement <input type="checkbox"/>	Multiple sclerosis <input type="checkbox"/>	Other joint pain <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>	Chronic fatigue <input type="checkbox"/>	Functional post stroke <input type="checkbox"/>	Other <input type="checkbox"/>
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<p>7. Please give details of any breathing problems or allergies</p> <p>_____</p>														
<p>8. If you have epilepsy, how often do you have a seizure?</p> <p>Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/></p>														
<p>9. If you are diabetic, which type do you have?</p> <p>Insulin-dependent <input type="checkbox"/> Non-insulin dependant <input type="checkbox"/></p>														
<p>10. Please give details of any learning difficulties</p> <p>_____</p>														
<p>11. Are you pregnant?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														

Additional information
<p>To attend this course, you need to fill out all these sections and read and agree to the conditions of attendance which are listed overleaf.</p> <p>Please print and sign the form, then post it to Earth for Life at the address shown overleaf.</p> <p>N.B. Places are allocated on a first-come-first-served basis, so please return your form to us ASAP to avoid any disappointment.</p>

Earth for Life is a data controller under the Data Protection Act 1998. Application forms will be stored for one year, and only be used for the purposes of the Feel-Goods in the Woods programme.

Conditions of attendance

1. Please do attend the session you are booked on, and if you need to cancel we request that you advise us ASAP, as someone else may be able to take your place.
2. Sessions will take place in a woodland setting. You need to bring adequate warm clothing and outdoor footwear. We will provide waterproofs in case of wet weather.
3. We will provide hot refreshments, but you need to bring your own packed lunch to every session.
4. As sessions involve outdoor activities, the use of tools and naked flame, you agree to comply with session leaders' instructions at all times to keep everyone safe.
5. You agree to attend every session in a sober state. If session leaders deem you unfit to participate, you will not be allowed to join the group.
6. Session leaders will contact you to advise you of the meeting place for your session/s. You agree to be at the designated meeting place on time.
7. In the event of high winds, any outdoor sessions may be cancelled. We will contact you if this is the case and make alternative arrangements to meet. However, we will be outside in most weathers!

I wish to join the ecotherapy session/s; I have read and agree to the conditions for attending, and know of no reason why I cannot take part.
Your signature _____

**PLEASE FILL IN, PRINT AND SIGN THIS FORM AND POST IT TO:
Earth for Life, 20A, Urquhart Street, Forres, Moray, IV36 1DD.**

If you have any queries, please call Alasdair on: 075 0494 6239