|  |  |  |
| --- | --- | --- |
|  |  | **Impact Activities Weekend**  **Adult Health Form**  **13th – 15th October 2023** |

This form must be completed by **ALL** adults attending the Impact Activities Weekend. **The original signed copy should be kept by the Group Leader and brought along to the weekend**. A scanned copy should be sent to [impact@nwba.org.uk](mailto:impact@nwba.org.uk) by **no later than Friday 29th September 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Home Address** |  | | | |
| **Email Address** |  | | | |
| **Hm Telephone** |  | | **Mobile Number** |  |
| **Date of Birth** |  | **National Health No** | |  |
| **GP Name** |  | **Surgery Number** | |  |

**Do you suffer from any allergies? YES  NO  (Please tick as applicable)**

*If YES, please give details*

|  |
| --- |
|  |

**Are you on any medication or any other treatment? YES  NO  (Please tick as applicable)**

*If YES, please give details*

|  |
| --- |
|  |

**Do you use an inhaler? YES  NO  (Please tick as applicable)**

*If YES, which type*

|  |
| --- |
|  |

**Please describe any medical conditions / history that we ought to be aware of:**

|  |
| --- |
|  |

|  |
| --- |
|  |

**Date of last Tetanus:**

**Was the primary course and booster completed? YES  NO  *(Please tick as applicable)***

**In an emergency I am happy to receive any hospital treatment including an anaesthetic**

**YES  NO  *(Please tick as applicable)***

**Are you on a special diet? (e.g. gluten free, vegetarian) *if YES give details***

|  |
| --- |
|  |

**Please give the name and contact details (address & phone number) of next of kin who can be contacted in the event of an emergency:**

|  |
| --- |
|  |

* **I confirm that the above information is correct and up to date**
* **I confirm that I am physically fit to participate in the Impact Activities Weekend**

**Signed:**

**Date:**

**Data Protection Statement**

Under Data Protection legislation the Charity Trustees of the North Western Baptist Association are the Data Controller and can be contacted by ringing 01942 221595or emailing [dataprotection@nwba.org.uk](mailto:dataprotection@nwba.org.uk)

We are collecting this information to enable the NWBA to run the Impact Activities Weekend safely and ensure we can contact you in case of an emergency.

Data Protection legislation allows us to process this information as we regard it as being in the Association’s legitimate interest. If you are unable to supply the information requested then we will be unable to accept your application to attend the weekend.

The information you supply will be held in paper form in a folder which will be kept in a securely locked cupboard in the Association office. Information will also be stored electronically on the Association Sharepoint which is password protected and accessed only by the NWBA Team. This information may be shared with the Impact Team as appropriate for the sole purpose of running this event.

We will destroy data in accordance with NWBA’s Data Retention Policy. Safeguarding information such as records of DBS clearance will be retained for 75 years according to our Data Retention Policy. We will NOT pass on this information to anyone else.

If you are concerned about the way your information is being handled please speak to our Data Protection Trustee. If you are still unhappy you have the right to complain to the Information Commissioners Office.