

**2024 Monday Drop-In**

**Client Information Form**

*Please note that information in this questionnaire will be kept confidential.*

**Title Full Name:**

**Date of first session (if known)**

**Gender:**

**Date of birth:**

**Address & Postcode**

**Contact Numbers:**

**Email:**

**Please provide name, relationship,**

**and contact details we can use**

**in an emergency:**

**Name, contact number and email of**

**support worker or mental health**

**professional if you have one.**

**Do you have any health conditions that could affect your ability to participate this session?**

**(e.g. heart problems, sensitivity to sunlight, asthma, high or low blood pressure)**

**Do you have any allergies or are you taking any medication that the session leaders need to be aware of?**

**Are you happy for us to keep you updated on activities at The Centre for Ecotherapy?** Yes  No 

*Preferred method*: Email  Phone call  Text  Any 

**Are you happy to be contacted in the future to help us evaluate our activities?** Yes  No 

**Equalities Monitoring**

**What do you consider your ethnicity?**

**What do you consider your employment status?**

**Where did you hear of the Centre for Ecotherapy?**

**Eg. Brighton and Hove Food Partnership, Grow, CPN, website, other?**

**Reason for attending this activity? What would you like to achieve?**

**Eg. Improved well-being, reduce anxiety, increase confidence, sense of purpose, improve social life, new knowledge/skills, other?**

**On this line, place a mark to indicate how you feel in your personal well-being at this stage in your life.**

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***Disclaimer****: I understand that if I have a health condition which could affect my ability to undertake this activity, I should seek medical advice before exercising and will tell a staff member if my condition changes. I understand this information will be shared with other leaders and I participate at my own risk.*

**Signed Date**

**Thank you for completing this form.**