

## REGISTRATION FORM

**A Place To Grow is a Community Garden that promotes positive health and wellbeing for Blaby District residents**

### SECTION 1 – PERSONAL DETAILS

Name:.....

Address:.....

.....Post Code:.....

Date of Birth: .....

Home Telephone No:.....Mobile No:.....

Email Address:.....

#### EMERGENCY CONTACT DETAILS:

Contact Name:.....Tel No: .....

Relationship:.....Mobile No:.....

#### GP DETAILS:

Address:.....

..... Tel No:.....

#### ANY OTHER HEALTH PROFESSIONAL YOU ARE WORKING WITH:

Name:.....

Address:.....

Tel No:.....

Email:.....

**PAST GARDENING EXPERIENCE (Details of any previous experience):**

**EXPECTATIONS:** (Please list what you hope to gain from attending the project, i.e. meet people / improve confidence / learn new skills):

**TRAVEL ARRANGEMENTS** (How do you plan to travel to the site)?

**SPECIALIST SUPPORT** (Please give details of any specialist support that may be necessary to ensure that A Place to Grow Project is a positive experience for you)?

**DATA PROTECTION**

**The personal information you supply to Blaby District Council in this form will be processed in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (when in force). We may share this information with other council departments, local authorities, government departments or law enforcement organisations to improve service delivery or for the prevention or detection of crime and fraud where the law allows this. Further information on how we handle your personal information can be found on the Data Protection Notice web page.**

**Please tick the box to say you have read and understood the above statement**

## SECTION 2 - HEALTH FORM

This information required below enables A Place to Grow to provide a suitable, safe and enjoyable working environment.

**Please answer the following questions and provide details if answering 'Yes'**

**Do you have a cardiac condition?**

No       Yes  .....

**Do you have a respiratory condition?**

No       Yes  .....

**Do you suffer with epilepsy?**

No       Yes  .....

**Do you suffer with diabetes?**

No       Yes  .....

**Do you suffer with allergies?**

No       Yes  .....

**Do you have any mental health needs?**

No       Yes  .....

**Please answer the following questions and provide details if answering 'Yes'**

**Do you have hearing impairment?**

No       Yes

details of any preferred method of communication (lip reading, BSL or written, etc.)

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**Do you have visual impairment?**

No       Yes  .....

**Do you experience any phobias?**

No       Yes  .....

**Do you experience medication side effects that may affect your work in the garden?  
(e.g. drowsiness, sensitivity to sunlight)**

No       Yes  .....

**I understand that I retain full responsibility for my health and safety while attending the A Place To Grow site (please to tick the box to confirm you understand this)**



**SECTION 4 - SIGNATURE**

The information I have provided is given to the best of my knowledge. I will inform Blaby District Council of any change in circumstances.

Signature:.....Date:.....

Print name below if signing on behalf of the applicant and provide a contact phone number:

Name:.....Phone No: .....

Relationship to applicant:.....

**Please return this form to the Health & Leisure Services Team  
at Blaby District Council**

**Post:** Blaby District Council, Council Offices, Desford Road, Narborough,  
Leicestershire, LE19 2EP

**Email:** [leisure@blaby.gov.uk](mailto:leisure@blaby.gov.uk)

**Any questions?**  
Please call us on 0116 272 7703