



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
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SECTION 2 - HEALTH FORM

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

טס you ha	ave a cardiac condition?
No □	Yes 🗆
Do you ha	ave a respiratory condition?
No □	Yes 🗆
Do you su	ffer with epilepsy?
No □	Yes 🗆
Do you su	ffer with diabetes?
No □	Yes 🗆
Do you su	iffer with allergies?
No □	Yes 🗆
Do you ha	ave any mental health needs?
No □	Yes 🗆
	ase answer the following questions and provide details if answering 'Yes' ave hearing impairment?
	ave hearing impairment?
Do you ha No □ details of	Yes any preferred method of communication (lip reading, BSL or written, etc.)
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Do you ha	Yes any preferred method of communication (lip reading, BSL or written, etc.)
Do you had no and details of a you had no and no you had no and n	Yes any preferred method of communication (lip reading, BSL or written, etc.) ave visual impairment?
Do you had no and details of a you had no and no you had no and n	Yes ave hearing impairment? Yes any preferred method of communication (lip reading, BSL or written, etc.) ave visual impairment? Yes
Do you had no po you had no po you expense. Do you expense. Do you expense.	Yes any preferred method of communication (lip reading, BSL or written, etc.) ave visual impairment? Yes Yes Ave visual impairment? Yes Aperience any phobias?
Do you had no long details of long by the long long long long long long long long	Yes any preferred method of communication (lip reading, BSL or written, etc.) ave visual impairment? Yes Yes Yes Yes Yes Yes Yes Yes

SECTION 3 - EQUAL OPPORTUNITIES MONITORING FORM A Place to Grow is committed to the principle of equal opportunities for all. Please answer the following questions: **AGE** 16-25 □ 25-34 □ 35-44 □ 45-54□ 55-64 □ 65+ □ **GENDER** Female Male \square **ETHNIC GROUP** Please indicate your ethnic group: WHITE MIXED **BLACK OR** GYPSY/TRAVELLER **CVHINESE ASIAN OR ASIAN BLACK** OR **BRITISH BRITISH** ORTHER **ETHNIC GROUP** Gypsy/traveller White and Black British □ Indian □ Chinese □ Black Caribbean П Caribbean□ White and Pakistani Black Other Irish □ Black African Ethnic African Group□ Other White and Bangladeshi Other Black white Asian \square Other Asian Mixed British Other Mixed **DISABILITY** The Disability Discrimination Act 1995 (DDA) protects people with a disability. The DDA defines a person as having a disability if they have a physical or mental impairment, which has a substantial, long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the description given above? No □ Yes \square Are you registered as having a disability? No 🗆 Yes \square

SECTION 4 - SIGNATURE

The information I have provided is given to the best of my knowledge. I will inform Bla District Council of any change in circumstances.	by	
Signature:Date:	••••	
Print name below if signing on behalf of the applicant and provide a contact phone number	٠r:	
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		

Any questions?

Please call us on 0116 272 7703