

Participant registration form

In w	In which area would you like to take part? Tick all that apply												
	Rhyl Prestatyn					Llangollen			Corwen		Denbigh		
Whi	Which activity would you like to take part in? Tick all that apply												
Practical conservation Exercise Arts an							Arts and	d crafts		Other			
Abo	ut	you											
First	t na	ame						Postcode					
Con	+	ot mumb or						E-mail					
Con	llac	ct number						L-IIIaii					
Fme	era	encv						Emergency					
	ender Male our health you have any physical or mental health con re taking any medication, or have received a							contact numb	er				
Age	1	11-18		19-25	,	26-55		56-65		66+	Prefe	er not to say	
											1 1010	or not to day	
Gen	Gender Male Fem					Fema	ile	Prefer not to say					
Vou	r h	oalth											
are taking any medication, or have received advice from a													
doctor or consultant about taking part in physical activity,							vity,	•••••					
plea	please note them here or speak to the activity leader.							***************************************					
Becoming active is very safe for most people. However,													
some people should check with their doctor before they start becoming physically active.													
			_		king part in	the pr	oject,						
As well as to keep you safe while taking part in the project, your information will be used anonymously for evaluating													
		ject and will so le running sim			•	ications							
COITE		o ranning onn	nai proj	ooto ant	a ovorno.								
Are	yo	u registered	disab	led?		Yes		No					
Dec	lar	ation											
• I understand that I should disclose to the activity leader any health conditions or medication needs and that I may need to seek medical advice before taking part in activities.													
• I ur	I understand that I participate at my own risk and I should respect the guidance of the activity leader.												
• I ag	• I agree to tell the activity leaders if there are any changes to my health.												
	• I understand that the health information disclosed will be used in the evaluation of the project, which will support future												
	funding applications to continue running similar projects and events.												
Signature							Date						



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Privacy statement

Your personal data will be used by Denbighshire County Council for the specific purposes of monitoring and evaluation of the **Nature for Health** project.

Denbighshire County Council will share this data with project partners to support monitoring and evaluation.

If you feel that Denbighshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on **0303 123 1113**.

For further information about how Denbighshire County Council processes personal data and your rights please see our privacy notice on our website: https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx

I am happy for a member of the project team to contact me for further feedback or to take part in a case study.											
If you would like to be added to the Volunteer Programme mailing list, please provide your mailing address											











