**Disability Supported Exercise Programme**

**Exercise Referral Form**

Live Borders has designed a supported exercise programme to enable anybody with a physical, learning and/or sensory disability to participate in an exercise programme within a safe, supported and encouraging environment. Completed Forms should be returned directly to either Alan Oliver (aoliver@liveborders.org.uk) or Paul Davis (pdavis@liveborders.org.uk), Live Borders Sport Development, St Mary’s Mill, Level Crossing Road, Selkirk. TD7 5EW.

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| --- |
| **INDIVIDUAL INFORMATION** |
| Name: |  |
| Address: Postcode: |
| Date of birth:  | Phone:  | Mobile:  |
| Email:  |
| **DISABILITY**  |
| Please state your disability and cross below: |
| Ambulant with a Physical Impairment  |   |   |
| Physical Impairment and uses wheelchair |  | Manual  |   | Power  |   |  |
| Hearing Impairment  |   |  Visual Impairment  |   | Intellectual Impairment  |   |  |
| **INDEPENDENT FUNCTIONAL ABILITY** |
| Minimal  |  | Moderate |  | Severe  |  |  |
| **MEDICAL CONDITIONS**  |
| Please detail any medical conditions that our instructors should be aware of which might affect your participation. |
|  |
| Please provide any further information that may aid the instructor with delivery.  |
|  |

**Individual Consent**

I am prepared to participate and understand the costs involved and the support available to me. I give permission for this information to be passed onto the Fitness & Health, Sport and fitness instructors.

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Date:** |
| **Print Name:** |  |

**Data Protection Act 1998**

The information supplied on this form will be retained by Live Borders on a database. The information may also be used for marketing purposes and you could be contacted by letter, fax, telephone or e-mail with details of future events and courses organised or promoted by Live Borders.