**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](mailto:aoliver@liveborders.org.uk)) or Paul Davis ([pdavis@liveborders.org.uk](mailto: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.