

The BetterHealth4Life Project is funded by Birmingham City Council under the Prevention & Communities Fund.

REGISTRATION FORM

ALL FIELDS, UNLESS STATED AS "OPTIONAL", ARE MANDATORY AND MUST BE COMPLETED

PERSONAL DETAILS

First name(s)				Last name(s)	
Address				Number:	
				Email:	
Are you a carer?				Preferred method of contact:	
Date of Birth (dd/mm/yyyy)		Age		Gender	

CRITERIA 1: Aged 18 or above

1a] Are you aged 18 or above?

Choose an item.

If exception is selected, please submit a letter on letter headed paper describing why there is an exception.

1b] Please select evidence from the list:

Choose an item.

1c] Alternative Evidence:

If Alternative Evidence is selected: please complete the following:

- 1) Document type (Benefits Letter / old passport/ birth record etc):
- 2) Sender/ issuer (organisation):
- 3) Date sent / issued:
- 4) Further Details (e.g. doc. reference number) or reason why no evidence is available:

1d] Exceptions:

If Exceptions Evidence is selected, The Lead Professional must provide this on letter headed paper, a full and valid explanation of the reasons why no evidence is available.

Has this been provided: Choose an item.

1e] Evidence checked by Personal Wellbeing Champion or Physical Wellbeing Mentor:

Name:

Date:

CRITERIA 2: Residential address of Individual (Must be resident in Birmingham)
2a] Are you a resident in Birmingham?

Choose an item.

2b] Please select evidence from the list:

Choose an item.

2c] Alternative Evidence:

If Alternative Evidence is selected: please complete the following:

- 1) **Document type (Benefits Letter / old passport/ birth record etc):**
- 2) **Sender/ issuer (organisation):**
- 3) **Date sent / issued:**
- 4) **Further Details (e.g. doc. reference number) or reason why no evidence is available:**

2d] Exceptions:

If Exceptions Evidence is selected, The Lead Professional must provide this on letter headed paper, a full and valid explanation of the reasons why no evidence is available.

Has this been provided: Choose an item.

2e] Please indicate if you are claiming any of the following benefits?

Choose an item. Choose an item. Choose an item.

2f] Evidence checked by Personal Wellbeing Champion or Physical Wellbeing Mentor:

Name:

Date:

SECTION 3: BARRIERS TO LIVING A HEALTHIER LIFESTYLE

- a) Do you think you have a barrier that will make it more difficult for you to live a healthier lifestyle?

Choose an item.

If yes, please select from the below list:

3a] Mental Wellbeing

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Low mood	<input type="checkbox"/> Low self-worth	<input type="checkbox"/> Difficulty with concentration	<input type="checkbox"/> Poor sleep hygiene
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Stress	<input type="checkbox"/> Loneliness	<input type="checkbox"/> Anti-social behaviour	<input type="checkbox"/> Low confidence

<input type="checkbox"/> Lack of socialisation	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Inability to relax/rest	
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3b] Physical Wellbeing

<input type="checkbox"/> Low energy level	<input type="checkbox"/> Low level of flexibility	<input type="checkbox"/> Low muscle strength	<input type="checkbox"/> Difficulty remembering to stay hydrated	<input type="checkbox"/> Reduced daily activity
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Difficulty with sleep	<input type="checkbox"/> Range of physical activity is limited	<input type="checkbox"/> Difficulty in accessing physical activity programmes	<input type="checkbox"/> Poor hygiene

3c] Additional Support Needs

<input type="checkbox"/> Basic Skills This can include access to technology barriers	<input type="checkbox"/> Homeless or at the risk of being homeless	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Offender/ Ex Offender (please consent to processing data in Section 5)
<input type="checkbox"/> Care Leaver	<input type="checkbox"/> Religious/ Cultural restrictions	<input type="checkbox"/> Alcohol/ Substance Misuse	<input type="checkbox"/> Pan Disability	<input type="checkbox"/> Childcare responsibility
<input type="checkbox"/> COVID-19 (please provide details below)	<input type="checkbox"/> Mental health disorder			

Please provide further details/impact of COVID-19 i.e. having an impact on your mental well-being, learning disabilities/difficulties, physical wellbeing or any other wider barriers: (Mandatory if COVID-19 is ticked)

Click or tap here to enter text.

SECTION 4: QUESTIONNAIRE

Please refer to Practice Note 4 for further clarification.

No.	Questions	Criteria (please highlight your answer) <i>0 being extremely low</i> <i>10 being extremely high</i>
1.	How do you rate your current overall outlook on life?	1 2 3 4 5 6 7 8 9 10
2.	Please rate how much your mental wellbeing is affecting your daily life?	1 2 3 4 5 6 7 8 9 10
3.	How do you rate your current level of physical activity?	1 2 3 4 5 6 7 8 9 10

4.	How do you rate your current confidence level?	1 2 3 4 5 6 7 8 9 10
5.	How do you rate your current motivational level?	1 2 3 4 5 6 7 8 9 10

SECTION 5: PRIVACY NOTICE

For the purpose of data protection legislation, Better Pathways and Sport 4 Life UK ('we'/'our') are delivery partners for the BetterHealth4Life and Active Pathways 4 Life projects and are data processors.

Your personal data will be processed e.g. collected from you and shared between BetterHealth4Life and Active Pathways 4 Life delivery partners and providers as part of the programme delivery, for referral and to support your journey towards improve mental and physical wellbeing. ("the purpose"). We will collect and process your personal data dependent on your individual circumstances, collecting only what is necessary for the purpose, including:

Special categories of personal data to be processed:

Your name, date of birth, address, telephone number, disability, ethnicity, and any barriers to living a healthier lifestyle, both mentally and physically. Under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 the lawful basis we rely on for processing your personal data is in the exercise of official authority.

Other data processed:

SWEMWBS results, GAD7/PHQ9 results, Job Goals / Aspirations, Benefit Status, Full / part time employment (hours looking for), Method of Contact, Health Status, number of dependent children, housing status, Driving status, GP surgery address.

Output Stored During Client Journey:

Consent Form, Media Consent Form, Vocational profile, Action Plan, CV, Support Plans, Health Assessments, Any referral data from signposting, Email responses between the Better Pathways and client and other agencies.

You have the right to withdraw your consent to the processing of criminal convictions and offences data by emailing my name and 'stop' to disabilityinclusion@betterpathways.org.uk.

You have the right to object to the processing of your personal data. Please note there could be legitimate reasons why we may refuse your objection, which depends on why we are processing it. Your personal data will be retained for the duration of your participation in the BetterHealth4Life and Active Pathways 4 Life projects and until Birmingham City Council has confirmed it is no longer required for compliance audit purposes. For further information including your rights, which is dependent on our reason for processing your personal data, please visit <https://www.betterpathways.org.uk/pages/privacy-notice> and the website of the relevant BetterHealth4Life and Active Pathways 4 Life delivery partner/provider supporting you, for their privacy notice.

Your personal data will also be used: for audit purposes and to prevent fraud or the misuse of resources; to evaluate the BetterHealth4Life and Active Pathways 4 Life projects; and to report to Better Pathways, Sport 4 Life UK and Birmingham City Council for monitoring purposes.

Birmingham City Council is the controller in respect of information processed which relates to your participation in the BetterHealth4Life and Active Pathways 4 Life projects funded by Birmingham City Council, therefore please visit https://www.birmingham.gov.uk/info/20154/foi_and_data_protection/384/privacy_statement for information on how Birmingham City Council treats your personal data.

Note: Time limited documents should be dated within the preceding 3 months, Lead Professional (LP) or Personal Wellbeing Champion or Physical Wellbeing Mentor to sign to confirm evidence checked and copied

SECTION 6: CERTIFICATION BY PERSONAL WELLBEING CHAMPION OR PHYSICAL WELLBEING MENTOR:

I certify that this is a true copy of the original document

Signed:

Date:

Name of Organisation:

Position of Organisation:

Form authorised by the Service Lead of BetterHealth4Life or Active Pathways 4 Life: (Signature)

SECTION 7: CERTIFICATION (PARTICIPANT/SELF -REFERRAL)

I certify that this is a true copy of the original document

Name:

Signed:

Date: