GOYA Norwich

active norfolk

Club Links Satellite Clubs

Satellite Club Participant Monitoring Form

The information collected within this form will allow Active Norfolk to monitor and improve the Satellite Club programme. Information will be stored in an online portal and will only be used by Active Norfolk in line with Sport England data collection requirements. No personal information will be shared with 3rd parties. Any personal data collected will be handled in accordance with **2018 General Data Protection Regulations** and can be withdrawn at any time by emailing Info@activenorfolk.org.

First name _____

Surname_____

Today's date (DD/MM/YYYY)_____/_____/_____

Email address (please state clearly)

Telephone number

Postcode

Gender: ☐ Male ☐ Female ☐ Prefer not to say

Date of birth (DD/MM/YYYY):_____/_____/_____

Ethnic group:

☐ White ☐ Black ☐ Asian ☐ Mixed ☐ Other ☐ Rather not say

Disability: ☐ Yes ☐ No ☐ Rather not say

If yes, please provide details_____

How did you find out about the club (tick all that apply)

☐ From friends or family
☐ From a flyer or poster
☐ Internet search
☐ Other, please give details _____
☐ Through school
☐ Social media (Facebook, Twitter, etc)
☐ Active Norfolk website

For the next question please consider any sport, fitness and recreation activities, including fast walking or cycling for any purpose that you have taken part in.

In the past week, how many minutes of physical activity have you done in total, which was enough to raise your breathing rate?

Please circle 0 – 29 30 – 59 60 – 89 90 – 119 120 – 149 150+

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In the past 4 weeks, on how many days have you taken part in at least 30 minutes of sport/activity outside of school / college? *Do not include cycling or walking unless it was for sport or recreation. Gardening, DIY or housework should not be included.*

_____days (between 0-28 days)

Have you previously been involved in this sport at school / college?

☐ Yes ☐ No

To what extent do you agree or disagree with the following statements:

	Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
Taking part in sport makes me feel good	☐	☐	☐	☐	☐
Taking part in sport is important to me	☐	☐	☐	☐	☐
I feel confident that I can become more active	☐	☐	☐	☐	☐
I intend to do more sport or physical activity in the next few months	☐	☐	☐	☐	☐

Do you have any medical conditions, allergies or are on any medications?

☐ Yes ☐ No ☐ Prefer not say

If yes, please provide details_____

Please provide your parent, guardian or carers details below to be used in the case of an emergency. If you are under 18 years old this will also be recorded for the purpose of registering your information on our database.

Emergency contact name and relationship to you: _____

_____

Emergency contact's number ☐☐☐☐☐☐☐☐☐☐☐

Email address (please state clearly)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Are you happy for Active Norfolk to contact you by email to invite you to take part in surveys or provide feedback on the programme?

Yes ☐ No ☐

Signature Date

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