

Physical Activity Readiness Questionnaire (PAR-Q)

Before you begin exercising your instructor needs to know some information about you to ensure the exercises are safe and effective for you, this will be kept private and confidential. Please read the privacy policy and then tick the box to indicate your consent to share this information with us ☐ . If you answer 'yes' to any of the questions please provide details overleaf. Thank you.

Name.....

Address.....

Telephone No.....Date of Birth.....

Email..... GP contact

Emergency contact name & no:.....






	Yes	No
Has your doctor advised you not to participate in exercise?		
Do you feel pain in your chest at rest or when you do physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness (black out)?		
Do you get short of breath at rest or doing light activity?		
Do you have a heart condition? (e.g. angina, palpitations, atrial fibrillation or have you ever had a heart attack?)		
Have you ever had a stroke or a mini stroke?		
<p>If you answered YES to any of the above please ask your doctor or health care professional before participating in this exercise class. Your signature indicates you have permission to participate.</p> <p>If you have answered NO to all of the above please answer the following:</p>		
Do you have any difficulties with your breathing such as COPD, emphysema, chronic bronchitis, asthma or any other lung condition?		
Do you have diabetes, high blood pressure or epilepsy?		
Do you have any bone, joint, muscular or neurological conditions which affect your ability to exercise such as osteoporosis, back pain, multiple sclerosis, Parkinson's or arthritis? Include any joint replacements.		
Have you had any operations in the last 3 months?		
Have you had a fall in the last 12 months?		
Do you have (or have you had) cancer?		
Do you take any medication that may be required in an emergency? If so please let your instructor know and list on the back of this form.		
Please provide details of any other needs you have that the instructor should be aware of such as walking aids, hearing or sight difficulties, physical or learning disabilities.		
Do you have any allergies including latex?		
Can you walk for 20 minutes? If so how many times a week do you do this?		

I have read, understood and completed this questionnaire honestly and agree to keep my instructor informed of any changes. I understand that I participate at my own risk.

If you change your mind and wish to opt-out and withdraw your consent to share this information, please let your instructor know. You are free to do so at any time.

Signature.....Date.....

Instructor use only – complete this table to indicate class members' physical status:

Resistance Band Colour?	Seated or Standing?
Red  Green  Blue  Black 	 Seated / Standing with support / Free standing

Participants Privacy Notice – Julie Rose – FABS group exercise instructor

As your group exercise instructor, I am committed to protecting your privacy. This privacy policy sets out how I use and protect any information that you give me.

Your personal data

As an attendee of my group exercise classes, I collect, store and use the personal data that you provide me. I do this so that I can effectively manage my classes and ensure that as a participant you are kept informed and safe. I may use your data to contact you with class updates and wider group exercise related opportunities I think you may be interested in. I will use your data to keep me informed about any health or wider needs you have that I need to consider whilst delivering your class/es.

If you have provided me with emergency contact details I will use this data when required.

Your name and contact number only will be passed onto one other member of the group (known as a cascader), for use in an emergency when the class is cancelled unexpectedly, and I need to reach all the members quickly. Some of the data that I collect from you is 'specialist category'. This includes (not exhaustively) any data relating to disabilities and health. I collect and use this data to enable me to tailor activities to your needs.

Unless you have given me separate written consent, I will cease to contact you 6 months after your stop attending my class/es. At this point I will also delete/destroy all personal data that is not linked to financial records.

I will store any personal data linked to financial records for a 6-year period. HM Revenue and Customs (HMRC) have the right to inspect financial information relating to the previous 6 years and require all trading entities to keep financial records for this length of time.

I will not share your personal data. All data you provide to me is stored on a password protected device and/or locked away. The only exception to this rule is when I carry paper copies of your personal data to the class/es that you attend. I must do this so that I have your health needs and emergency contact details to hand should they be required.

You may request details of personal data which I hold about you or withdraw your consent at any time. You can contact me on **07985 205769 or julie.rose@moveitorloseit.co.uk**.

If you have any concerns about my information rights practices, please contact me in the first instance. If you have any concerns, you can then raise them here www.ico.org.uk/concerns or by calling 03031231113.

Julie Rose, 18 May 2018

Please list any medication or give any other helpful information below:

How did you hear about the FABS class?

On occasion sections of the class may be photographed or short videos for use in promotion purposes such as advertising or shared on social media by Julie Rose (Rosefit) or Move it or Lose it.

Please sign below if you are happy to be included:

Signed:

DATE: