



Introduction Form

Thank you for taking the time to complete our Introduction Form. This information will help ensure you make the most of the Bracknell Forest Community Network. All information from this form will be kept in compliance with the Data Protection Act 1998.

| 1. Your details | | | |
|------------------------|--|---------|--|
| First Name | | Surname | |
| DOB | | Gender | |
| Address | | | |
| Telephone | | Email | |

| 2. About you | |
|---|--|
| Briefly describe your current health and wellbeing. | |

| 3. Additional Information | |
|---|--|
| Do you have any communication or mobility requirements that the Community Network should take into consideration? | |

| 4. Declaration |
|---|
| <p>I declare that all the information set out in this Introduction Form is true in all respects and I understand that false information may affect my ability to continue with the Bracknell Forest Community Network.</p> <p>The Bracknell Forest Community Network Introduction Form will compile information for signposting you to physical activity, events, clubs or services (“activities”) purposes only. The signposting of these activities does not constitute an endorsement or recommendation of such activities. It is strongly recommended that you make your own enquiries and satisfy yourself as to the suitability of the activities. Under no circumstances will Bracknell Forest Community Network or Bracknell Forest Council accept responsibility or liability for any losses or damages whatsoever that may arise from the content of, or any incident arising from the participation in, any such activities.</p> <p>I consent to the Bracknell Forest Community Network processing sensitive personal data relating to me for the purposes of managing my Introduction, provided that such processing is in accordance with the Data Protection Act 1998. The Bracknell Forest Community Network will keep information that you discuss with us confidential unless you tell the Network something that may put yourself or others at risk of harm. Sensitive Personal Data (as defined under the Act) will only be disclosed with your explicit consent, as required by law, or as otherwise authorised under the Act.</p> <p>I confirm that I have read the above information and am also clear that information about me on this form and all other Network related forms and correspondence could be shared with other professionals and agencies if necessary.</p> <p>Signed: _____ Date: _____</p> |