

RENEW: Physical Activity for Young Adults with Cancer Referral Form

DETAILS OF REFERRER:

Practice /Hospital Stamp or Licence number

REFERRER NAME	
JOB TITLE OR POSITION	
ADDRESS INCLUDING POSTCODE:	
CONTACT PHONE NUMBER AND EMAIL ADDRESS:	

DETAILS OF REFEREE:

YOUNG PERSON'S NAME:		DATE OF REFERRAL:	
AGE:	DOB:	GENDER:	
ADDRESS:		CONTACT NUMBER:	
		HOME:	
		MOBILE:	
EMAIL ADDRESS:			
PREFERRED REFERRAL LOCATION (LONDON, BIRMINGHAM, SOUTHAMPTON):			
CLINICAL DIAGNOSIS AND/OR CURRENT PROBLEMS:			
LIMITATIONS TO BE AWARE OF:		MEDICATION	
REASON FOR REFERRAL:			
EMERGENCY CONTACT PERSON			
NAME:		CONTACT NUMBER:	
RELATIONSHIP TO YOU:		ALT. CONTACT NUMBER:	

PARTICIPANT CONSENT:

I, _____ (participant or participant parent/ legal guardian if participant under 18 years of age), have voluntarily enrolled myself/my dependent in a physical activity program offered through the charities Trekstock and CLIC Sargent and their delivery partners the Central London YMCA, ACTIVE NATION and the Birmingham Wellbeing Service. I recognise that the programme may involve strenuous or hazardous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, activities that present a risk of injury from accident (such as cycling, TRX or obstacle training), and other various fitness activities.

I understand that this programme is not medically supervised. It is my/my dependent’s responsibility to carry out prescribed exercise activities as developed by the delivery partner trainers who are not employees or agents of Trekstock or CLIC Sargent. I understand that it is my responsibility to inform my trainer(s) of any changes to my health status. I understand that I may be asked to sign a liability waiver specific to the delivery partner which I am engaging with.

I understand that Trekstock/CLIC Sargent may, in its sole discretion and at any time, revoke my enrollment in RENEW. I understand that any exercise or fitness activity involves a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved.

In consideration of my participation in this programme, I hereby waive and release Trekstock, CLIC Sargent, programme delivery partners and their successors and assigns, from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my voluntary participation and enrollment. In the event of emergency, or if I become unwell during active participation the delivery partner will contact the given emergency contact and any relevant medical staff. In the case of emergency I consent to necessary medical treatment being administered by professionals.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I/OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TREKSTOCK, CLIC SARGENT, PROGRAMME DELIVERY PARTNERS OR RENEW.

_____(Participant / Parent/ Legal Guardian Signature if under 18 years of age)

_____ (Date)

MEDICAL CONSENT:

Please indicate below if RENEW is appropriate for your patient, identified above, or if you see any contraindications for his/her participation (please check the appropriate box below).

- I know of no contraindications to this patient participating in any of the activities within RENEW.
- I agree with this patient’s participation in any of the activities prescribed within RENEW with the following restriction(s):
- I feel that participation in physical activity and other health enhancement initiatives available through RENEW would not be appropriate for this patient for the following reason(s):

Signature of Referrer: _____ Date: _____

CONFIDENTIALITY FORM

Trekstock and CLIC Sargent respect your privacy and value the trust you place in us when giving personal information. We fully comply with all provisions of the Data Protection Act (DPA) 1998.

Statement of Understanding (Please Read and Sign)

It has been explained that a record will be kept of my/my dependent's involvement with RENEW. This information will be kept safe and confidential, complying with the Data Protection Act, as follows:

- Information processed fairly and lawfully
- Obtained only for specified and lawful purposes
- Adequate, relevant and not excessive
- Kept for no longer than necessary
- Processed in accordance with the rights of data subjects under the Act
- Safeguarded against unauthorised or unlawful processing and against accidental destruction or damage.
- Relevant information may be shared with key professionals involved in my child's or my own care
- Kept securely at all times

I understand that from time to time, this information will be pooled with others' to collect statistical information for Trekstock and CLIC Sargent. Trekstock and CLIC Sargent will use the demographic and other information of service users for further service planning purposes. The information from all service users is pooled and anonymised for these purposes. This information will not contain any sensitive details or personal facts by which I could be identified.

Trekstock and CLIC Sargent will be working in partnership with an external programme evaluator and three delivery partners; the Central London YMCA, ACTIVE NATION and the Birmingham Wellbeing Service. The external programme evaluator will have access to participant records for the sole purposes of programme monitoring, evaluation and reporting. The RENEW Programme Coordinator will share appropriate information with the individual delivery partner trainers as needed for evaluations or reports on the service. This may include and is not limited to cancer diagnosis, relevant health history and contact details.

I understand that the delivery partners will have access to site-specific pooled anonymised information, which may be used, for organisational research and service planning purposes.

If there is a need to use any of my/my dependent's information for other purposes, this will be explained to me so that I can give my permission should that be necessary. If I should wish to see a copy of my records, I can contact the RENEW Programme Co-ordinator.

Participant Name:

Name: _____

Participant Signature (required if over 18 years of age): _____

Date: _____

Parent / Legal Guardian (required if under 18 years of age)

Name: _____

Signature: _____

Date: _____

Relationship to participant: _____