**“A bit about you” Form for all participants of the Dance for Dementia Scheme 2018**

*Please note that this is not a medical form and your answers will not prevent you from taking part. We are not medical professionals and in our capacity as dance teachers, we cannot support you with medical conditions, though we are sympathetic to some of the symptoms you may experience as a consequence of the Dementia. More than anything, we want to get to know you as individuals, but it’s helpful for us to have a bit of background too so we can do our best to ensure your wellbeing whilst you are with us.*

|  |  |
| --- | --- |
| Name: |  |
| Contact details (please specify preferred method of contact): |  |
| Postcode:  |  |
| Name and contact details of Dr/medical professional with whom you have the most contact: |  |
| Medical conditions/symptoms (including medication side effects) that you would like us to be aware of: |  |
| Have you had a fall in the last few months? (Give details if you wish) |  |
| Name of emergency contact and relationship to you: |  |
| Emergency contact details: |  |
| How much experience do you have of dance and the wider arts?  |  |
| Interests and hobbies (past/present): |  |
| Things that you value/are important to you: |  |
| Favourite genre of music: (give details of a favourite singer/song/musician/instrument etc. if you wish) |  |
| Favourite film/book/play/musical:  |  |

Health and Safety declaration:

I confirm that I will not hold Parkinson’s UK nor my dance teacher responsible for any injuries, loss or damage to the person or property for the duration of this project. I agree to let my teacher know if I am feeling unwell in class and will give them the opportunity to put steps in place to reduce the risk of my getting injured. I will work hard in class but I will always go at a pace that is comfortable for me and I will always listen to my teacher if she advises me to reduce the intensity of any given activity.

*I have read the above and agree to these terms. (Please tick the box)*

Media consent declaration:

I consent to being filmed / for my photo to be taken during class and for these materials to be shared publicly should it be required for promotional purposes.

*I have read the above and agree to these terms. (Please tick the box)*

Final (and most important) declaration:

I will do my best to **enjoy** and get all that I can out of each session. I give myself permission to do things which are outside my comfort zone, to make mistakes and to not take myself too seriously, even when I am trying hard to get the choreography right! And I will be proud of myself no matter what I accomplish in any given class!

Signed…………………………………………………………………………………… Date: / /