Application for Untangle CIC's creative movement project.

We know forms are *BORING* but this needs to be completed to get to the fun part. This application form should take no longer than 10 -15 minutes to complete and you can ask someone to help you if you need assistance completing this online. Or, you can download and print the form and return it to us by post at:
Untangle CIC, Chayple, De Lank, PL30 4NB.

This form will register your interest in our socially prescribed sessions and help us finalise details like locations and timings (going by majority consensus), so it's important you have your say now to help bring our services closer to you.
All form submissions are private and confidential.

* Indicates required question

1. Full Name *

2. Date of Birth *

Example: 7 January 2019

3. Phone number *

4. Email Address *

5. Address *

6. Please tell us why you would like to take part in our socially prescribed creative movement project. Think about what you would like to gain from the experience? (select as many or few answers as you like) *

Tick all that apply.

- [ ] I would like to improve my overall mental health
- [ ] I would like to improve my overall physical health
- [ ] It will be a good opportunity to meet new people
- [ ] It will be a good opportunity to learn new skills
- [ ] I don't have access to any other dance or movement classes in my area and it's something I'm passionate about
- [ ] I would like to learn how to better manage my health and wellbeing
- [ ] It would be good rest bite from my duties as a carer (or similar role)
- [ ] Other:

7. Do you have any experience of dance or creative movement?

Mark only one oval.

- ◯ I've never danced or participated in creative movement
- ◯ I used to, or currently do, dance
- ◯ I used to, or currently do, yoga / pilates
- ◯ I used to, or currently do, a form of sport that requires elements of creativity
- ◯ Other:

Health & Wellbeing

We understand some of these questions might be sensitive, please try to answer as honestly as possible so that we can match you to the most appropriate group.

8. Do you consider yourself to have a physical disability? *

Mark only one oval.

- Yes
- No
- I'd rather not say

9. If you answered "yes", you do consider yourself to have a physical disability, please provide more information here. If you answered "no" or "I'd rather not say" then please skip this question.

10. Do you consider yourself to have a learning disability? *

Mark only one oval.

- Yes
- No
- I'd rather not say

11. If you answered "yes", you do consider yourself to have a learning disability, please provide more information here. If you answered "no" or "I'd rather not say" then please skip this question.

12. If selected for the dance and creative movement project would you require a carer * or support worker to attend with you?

Mark only one oval.

- Yes, I have my own carer, they would participate with me
- Yes, I have my own carer who will come, but they would not participate themselves
- I'm not sure
- No
- I don't require it but I would like the option to bring my carer along if possible.

13. Our endeavour is to create an inclusive environment. To enable us to facilitate the best experience possible, please tell us about any access needs or reasonably practicable requests you may have around sensory triggers to feel comfortable joining our sessions.

14. Please list any allergies you have below, or skip this question if you don't have any known allergies.

15. If you will have any medication on you at the sessions in case of emergencies, for example, an inhaler, EpiPen or insulin, etc, please tell us what it is and where you usually keep it, for example, left coat pocket, front section of rucksack, etc. If this changes, don't worry, just remember to tell us at the start of each session.

16. Do you have any existing injuries you would like to make us aware of? Don't worry this won't affect your application, it just helps us plan for your needs.

Physical Activity Readiness Questionnaire (PARQ)

We are required to ask the following questions prior to your participation. If you answer yes to one or more of the questions in this section you should consult a doctor before participating.

17. Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor? *

Mark only one oval.

- Yes
- No

18. Do you feel pain in your chest when you do physical activity? *

Mark only one oval.

- Yes
- No

19. Do you ever lose balance due to dizziness or lose consciousness? *

Mark only one oval.

- Yes
- No

20. Do you suffer from epilepsy or seizures?

Mark only one oval.

- Yes
- No

21. Do you have a bone or joint problem that could be made worse by physical activity? *

Mark only one oval.

- Yes
- No

22. Are you currently prescribed any medication for your blood pressure or a heart condition? *

Mark only one oval.

- Yes
- No

23. Are you over 65 and not accustomed to moderate exercise? *

Mark only one oval.

- Yes
- No

24. Do you know of any other reason why you should not participate in physical exercise? *

Mark only one oval.

- Yes
- No

25. Please tick this box to confirm that you agree with the following statement. I agree to consult a doctor if I have answered yes to one or more of the above questions in this section, or if my answers change. *

Tick all that apply.

- [ ] I agree

Session Planning

The following questions will help us assign you to a group that is complimentary to your needs, please try to be realistic about your preferences. Your responses will also help us organise sessions catering to majority preference.

26. Please select the category that best suits your mobility needs. *

Mark only one oval.

- I am happy to move unassisted and get up and down from the floor
- I am happy to move unassisted but would prefer not to get down on the floor
- I am happy to move with a walking aid or participate from a chair/wheelchair

27. If you selected "I require a chair or standing aid" please select your preference from the list below.

Mark only one oval.

- own wheelchair (non-motorised)
- own wheelchair (motorised)
- own zimmer frame or walking stick
- A chair to sit on for most/all of the session
- A chair to hold, move around and occasionally sit on.
- Other: _____

28. Which of the following locations could you feasibly get to on a weekly basis? (all are accessible by public transport and have level access) *

Tick all that apply.

- [ ] The Space, Priory Road, Bodmin (Opposite Lidl)
- [ ] The Betjeman Centre, Wadebridge
- [ ] Liskerrett Centre, Varley Lane, Liskeard
- [ ] Treverbyn Community Hall, Stenalees, Saint Austell
- [ ] None of the above, but I'm still interested

29. How do you plan to get to the sessions?

Tick all that apply.

- [ ] By car
- [ ] By public transport
- [ ] Walking
- [ ] Cycling
- [ ] I need help getting to and from the sessions
- [ ] Other: _____

30. When could you feasibly attend sessions

Tick all that apply.

	Mornings	Afternoons	Evenings
Mondays	☐	☐	☐
Tuesdays	☐	☐	☐
Wednesdays	☐	☐	☐
Thursdays	☐	☐	☐
Fridays	☐	☐	☐
Saturdays	☐	☐	☐
Sundays	☐	☐	☐

Photo and video consent

We respect everyone's right to privacy and will not take or share photos or videos of you if you chose to opt out. Please consider that it is really helpful for our funding providers to see what we get up to during the sessions. It is also important to us, as a community interest company, to be able to share some of the work we do in order to grow our services and attract new participants.

31. Do you consent to be in appropriate photos and videos of our sessions? These may be shared on our website, socials and by our funding providers. *

Tick all that apply.

- [ ] Yes I consent to be in appropriate photos and videos for Untangle CIC.
- [ ] I only consent as long as my face is covered or not shown in photos and videos for Untangle CIC.
- [ ] No I do not consent, please do not take or share any photos or videos of me at all.

Self-Assessment (Final Section)

The following questions will be asked to you again mid way through the project and once the project is finished. Your answers will help us to analyse the effectiveness of our new social prescribing initiative. Please answer honestly and understand that your answers do not effect your application.

32. How much do you agree with the following statement? Over the past 2 weeks I've been kind to myself in my thoughts and actions. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

33. How much do you agree with the following statement? Over the past 2 weeks I've felt hopeful about the future. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

34. How much do you agree with the following statement? Over the past 2 weeks I've felt connected to other people. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

35. How much do you agree with the following statement? Over the past 2 weeks I have felt cheerful/happy *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

36. How much do you agree with the following statement? Over the past 2 weeks I've handled challenges in a way I feel good about. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

37. How much do you agree with the following statement? Over the past 2 weeks I've felt well-rested when I wake up. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

38. How much do you agree with the following statement? Over the past 2 weeks I've had enough energy to do what I needed or wanted to do. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

39. How much do you agree with the following statement? Over the past 2 weeks I've been able to move my body in ways that feel good to me. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

40. How much do you agree with the following statement? Over the past 2 weeks I have felt present and calm. *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true

41. On a scale of 1-10, how would you rate your current level of coordination? *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
I fee	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Highly coordinated

42. On a scale of 1-10, how would you rate your current ability to balance? *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
I fee	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	I feel fully in control of my balance

43. On a scale of 1-10, how would you rate your current level of flexibility? *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
I am	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	I feel highly flexible and athletic.

44. How much do you agree with the following statement? Over the past 2 weeks my body has felt strong *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Not	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Completely true for my abilities

45. On a scale of 1-10, how easy do you find climbing the stairs or a moderately steep hill? (If you are a wheelchair user please feel free to skip this question)

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
I car	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	I could run up a hill or stairs with ease

46. On a scale of 1-10, how functionally fit do you consider yourself to be? (think about how easy everyday tasks are, like carrying shopping, climbing stairs, playing with your child/grandchildren, etc) *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
I am	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Everyday tasks feel easy and effortless

Thankyou for completing this application form, we will be in touch over the next month to follow up with you.
If you have any further questions about the project please don't hesitate to email us at admin@untangle-cmc.co.uk