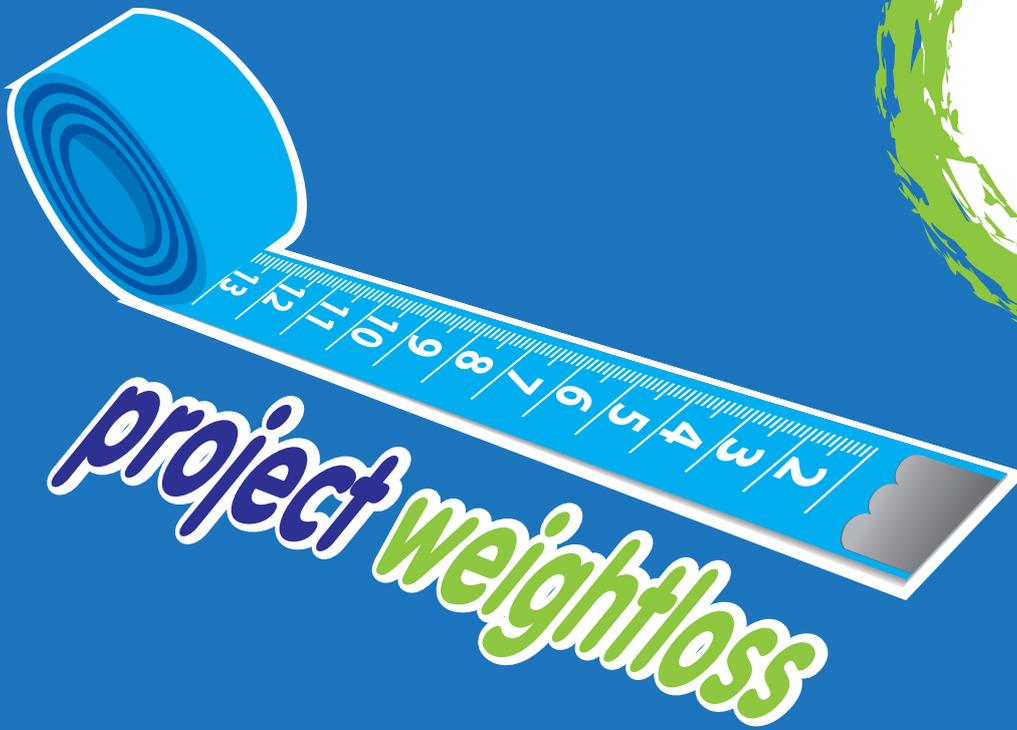




Cork  
Sports Partnership  
**Comhpháirtíocht  
Spóirt Chorcaí**  
An Irish Sports Council Initiative



# Application Form

**Project Weightloss** is a 12 week exercise intervention programme targeted at overweight individuals. We are looking for overweight (BMI>25), healthy individuals, aged 18+ years who want to improve their health and wellbeing through regular physical activity and healthy eating.

**Project Weightloss** will run for 12 weeks and participants must be available to attend a 1 hour session twice per week for all 12 weeks.

€120 charge payable if selected on or before the start date (easy pay option available).

**This is your opportunity to change your life  
so please fill out the application form openly and honestly.**

If selected, you will be required to supply a letter from your GP confirming no underlying health issues that would prevent you from taking part.

**make the move ... make the change!!**

## What Venue do you wish to attend?

Name of Centre: .....

## Personal Detail (All details given will remain confidential)

Name: .....

Age: .....

Current Weight: (stones / pounds) ..... (or kg) .....

Target Weight: (stones / pounds) ..... (or kg) .....

Height: (feet / inches) ..... (or cm) .....

Address: .....

.....

Marital Status: Married  Single  In Relationship

Children: .....

Phone (landline and mobile): .....

Email: .....

Occupation: .....

Dress size (female) / Waist (Male): .....

Do you have any disabilities? .....

Do you have any health problems e.g. High blood pressure, diabetic? If so, how does this affect you?

.....

.....

Are you taking any medication? .....

Do you have a criminal record? .....

Are you currently taking part in regular physical activity, if so what & how often? .....

.....

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## Questionnaire (Please keep answers brief, a few sentences is all we need)

1) Why I want to take part in Project Weightloss. What has made you put yourself forward?

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2) What is your current daily routine (e.g. work, hobbies, social life)?

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## Questionnaire (Please keep answers brief, a few sentences is all we need)

- 3) What are your current daily eating habits (e.g. breakfast, lunch, dinners, snacks)?  
Keep a 2 day food diary and make a note of everything you consumed over the 2 days.

DAY 1: .....

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DAY 2: .....

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## Questionnaire (Please keep answers brief, a few sentences is all we need)

4) Do you eat at regular intervals? Yes  No  (please tick as appropriate)

5) What are your biggest food (e.g chocolate, crisps) and non-food vices (e.g. smoking, alcohol)?

.....  
.....

6) Do you smoke? Yes  No  How many a day? .....

7) Do you drink alcohol? Yes  No

Outline your alcohol intake for a week? .....

.....

8) What are your hobbies now? Have you given up any hobbies/sports in the past?

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.....

9) Is there a specific part(s) of your body that makes you feel most uncomfortable?

.....  
.....  
.....

10) What area(s) do you need the most help with? .....

.....  
.....

11) At what age were you at your heaviest weight? .....

What did you weigh? .....

12) At what age/stage were you happiest with your weight? .....

What did you weigh? .....

more on next page ➔



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## Questionnaire (Please keep answers brief, a few sentences is all we need)

13) Have you experienced a dramatic weight increase/ weight loss at any age? Why?

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.....

14) Why do you think you are overweight? Eg. Poor diet, lack of exercise, pregnancy, accident, genetic

.....  
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15) What is your weight stopping you from doing? .....

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.....

16) What do you hope will change over the 12 weeks? .....

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17) Tell us something we wouldn't know by looking at you?  
Any interesting/unusual achievements or skills? .....

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18) Do you have any special dietary requirements e.g. coeliac, vegetarian?

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19) Do you have any big occasions scheduled in the coming year? (e.g family birthdays, weddings)

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## Questionnaire (Please keep answers brief, a few sentences is all we need)

**20)** Have you ever experienced an occasion where you have felt uncomfortable or embarrassed about your appearance? When and where?

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**21)** Are there any situations you dread or fear because of your weight? Why? .....

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**22)** Is there an ambition or dream you would put into action if you were at your ideal weight?

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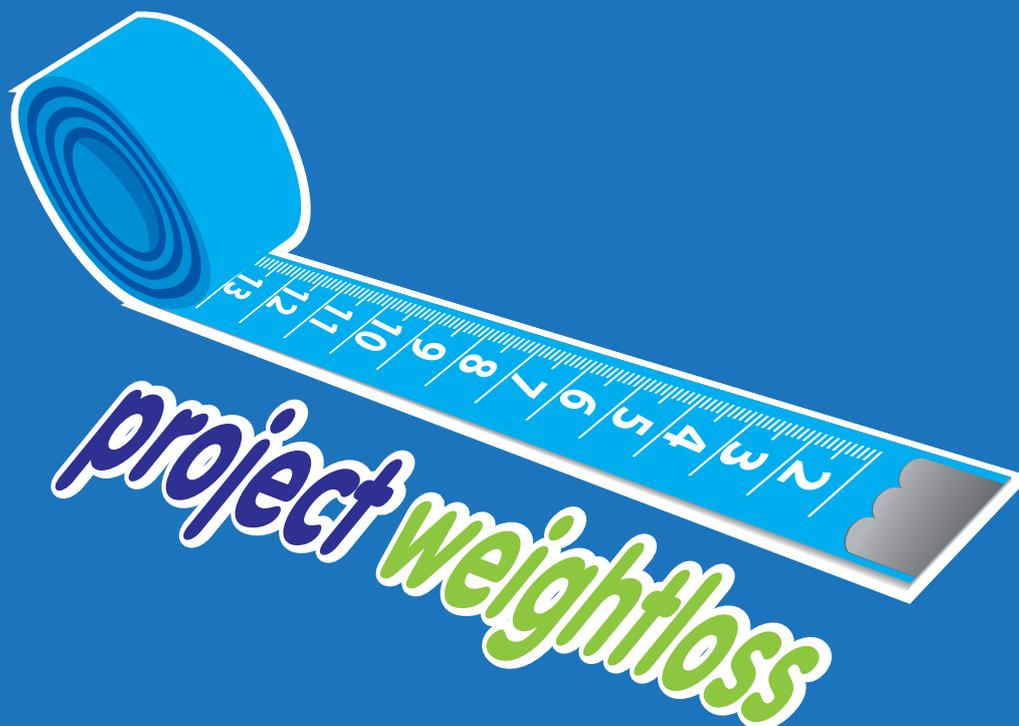
**23)** Ultimately, what do you hope to achieve at the end of Project Weightloss? .....

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**24)** Why do you think you deserve this opportunity above anyone else? We only have limited places so we will have to pick, so why you?

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... and that's it!  
Thank you for taking the time to complete this form.



# Project Weightloss



**Please return to:**

**Closing date for return:**

*All personal details and information provided will be kept confidential.  
Data maybe used anonymously to evaluate & review the programme.*



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