**Project Weightloss Application Form 2019/2020**

Please fill out the form. Complete all sections.

**Personal Details**

1. First Name Click here to enter text.
2. Last Name Click here to enter text.
3. Your Email Click here to enter text.
4. Phone Click here to enter text.
5. Age Click here to enter text.
6. Current Weight (if known) (stone, kgs or lbs) Click here to enter text.
7. BMI if known Click here to enter text.
8. Target Weight (lbs or kgs) Click here to enter text.
9. Do you have any health problems that may prevent you from taking part in this programme?

Health Problems If yes, what: Click here to enter text.

1. Do you have a disability?

Disability

**Activity Levels**

1. Are you currently taking part in regular physical activity?

Physical Activity If yes, what and how often? Click here to enter text.

1. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? ***This may include sport, exercise, brisk walking or cycling for recreation or to get to and from places, but should not include housework, or physical activity that may be part of your job.***

Please Select

1. Please tell us why you would like to take part in Project Weightloss and what you hope to gain from the programme?

Click here to enter text.

1. Please select the preferred PWL centre/programme that you would like to attend:

PWL Venue

**Please post to**: Claire Hurley, Cork Sports Partnership, C/O Motor Tax Office, Model Business Park, Model Farm Road, Cork.

**Email** churley@corksports.ie Phone: 021 4347096