



Bristol MEND Programmes Registration of Interest Form

To register your interest in the MEND programme, please complete the form below and either email to: mend@bristol.gov.uk or send to **MEND programme, Sport and health development, Neighbourhoods, Bristol City Council, Colston 33, Colston Avenue, Bristol BS1 4UA.**

We will contact you when a suitable programme becomes available. For further information on the MEND programme see: www.bristol.gov.uk/mend or www.mendprogramme.org or call 0117 922 3867.

Participant information						
Child's First Name			Child's Last Name			
Date of Birth			Gender	Male	Female	
Carer's First Name			Carer's Last Name			
Home Phone			Mobile Phone			
Email						
Address						
City			Postcode			
Relation to Child	Mother	Father	Brother	Sister	Grandparent	Other
Child's School			Year at School			
Height (cm)			Weight (kg)			

GP information				
First Name			Last Name	
Practice Name				
Contact Phone				
Address				
City			Postcode	

Medical information

Can you think of any reason (medical/physical/psychological/other) why your child may have difficulties in the MEND Programme? If yes, please give us details so that we are best able to help them:

Additional notes

Please give any other information that you think is relevant. For example, health complications due to weight, etc.

What is your preferred location to attend a MEND Programme?

Please tick option below

<input type="checkbox"/>	Don't mind
<input type="checkbox"/>	Central
<input type="checkbox"/>	North
<input type="checkbox"/>	South

Where/How did you hear about MEND?

Please help us to become better in recruiting children for the MEND Programme

Please tick all that are relevant

<input type="checkbox"/>	GP referred	
<input type="checkbox"/>	Practice nurse	
<input type="checkbox"/>	School nurses	
<input type="checkbox"/>	Leaflet from schools	
<input type="checkbox"/>	Posters – please mention where	
<input type="checkbox"/>	Local newspaper, radio and other local media	
<input type="checkbox"/>	National newspaper, TV, radio	
<input type="checkbox"/>	Friends	
<input type="checkbox"/>	Other – please specify	

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