

# Booking Form

If you would like to make an appointment to see a Westminster Health Trainer please complete the form below and post to:

**Westminster Health Trainers**

Rain Trust

Canalside House

383 Ladbrooke Grove

London W10 5AA

NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
POSTCODE:	<input type="text"/>
TELEPHONE:	<input type="text"/>
EMAIL:	<input type="text"/>
PREFERRED CONTACT TIME	<input type="text"/>
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH:	<input type="text"/>
OCCUPATION:	<input type="text"/>
PREGNANT:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMOKER:	<input type="checkbox"/> Yes <input type="checkbox"/> No
GP SURGERY:	<input type="text"/>
HOW DID YOU HEAR ABOUT US	<input type="text"/>

Please note that completion of this form indicates consent to this information being passed on to and recorded by Westminster Health Trainers. By submitting this form you agree to understand that data will be recorded on paper and electronically and will be stored in accordance with the Data Protection Act and may be used for evaluation purposes. You understand the reasons for Westminster Health Trainers collecting and holding personal information and you agree to being contacted for follow up at regular intervals for up to one year.