Kensington and Chelsea and Westminster

Change4Life Service Enquiry Form

Please provide us with as much detail as possible.

If you require any support completing this form, please contact us:



 020 8960 0744 Change4LifeService@family-action.org.uk





|  |
| --- |
| **About You** |
| Name: |  |
| Email: |  |
| Preferred Contact Number: |  |
| Do you require an interpreter or video call for British Sign Language?  |
| [ ]  | Yes | If yes, please provide details: |
| [ ]  | No |  |

|  |
| --- |
| **Which service are you interested in?**  |
| [ ]  | Start4Life Club (for expectant mothers) |
| [ ]  | Change4Life Mini Club (for children aged 0-4 |
| [ ]  | Change4Life Kid’s Club (for children aged 5-11) |
| [ ]  | Young People’s Health Promotions Service (for young people aged 11-19 or up to 25 for young people with a special educational need or disability) |
| [ ]  | Change4Life Coaching Scheme |

**

|  |  |
| --- | --- |
| [ ]  | Please tick this box to confirm that you have read our privacy notice and consent to a Family Action staff member from the Change4Life Service contacting you. |

|  |  |
| --- | --- |
| A drawing of a cartoon character  Description automatically generated | **Please use the space below to tell us more about your enquiry and the reasons that you are interested in the service.** |
|  |

|  |
| --- |
| Once this enquiry form has been received, a Change4Life staff member will make contact. Please indicate whether the morning or afternoon would generally be most suitable for a call back, please do bear in mind this call is likely to last around 30-45 minutes and will involve a short assessment. |
| [ ]  | Morning: 9-11am (Monday- Friday) |
| [ ]  | Afternoon: 12-4pm (Mon- Friday) |

|  |  |
| --- | --- |
| Signature: |  |
| Date of enquiry: |  |



Once you have completed this form, please email it to:

Change4LifeService@family-action.org.uk