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

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| **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 |  | |

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| **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 |

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|  | 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. |

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| 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.** |
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| 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](mailto:Change4LifeService@family-action.org.uk)