



# Weight Management Referral

## **Invitation and a brief summary**

Congratulations on taking the first step on your Slimming World journey as part of the Wyre weight management scheme. In order to proceed with your application, please complete the following questionnaire.

We are required to collect some demographic, health, and lifestyle information on behalf of Public Health, Lancashire County Council and Public Health England, who fund the programme. This is to make sure we're reaching everyone in the local community. If there are any questions you don't feel comfortable answering, please select the "Prefer not to say" option.

## **What is the purpose of the data collection?**

When you join Slimming World on a scheme funded by Public Health, Lancashire County Council, (LCC) and Public Health England. We have obligations to share the information we collect about you both with Slimming World, LCC and Public Health England.

## **Who is conducting the data collection?**

The data in the questionnaire is collected by Wyre Council as a part of the initial joining process for members joining through the referral scheme. Within this data collection, only Wyre Council and Slimming World will have access to your data, and the data will be stored securely. For more information, you can contact Wyre Council's Active Lives & Community Engagement team at [community@wyre.gov.uk](mailto:community@wyre.gov.uk) or the Slimming World Partnerships Team at [notify.swor@slimmingworld.co.uk](mailto:notify.swor@slimmingworld.co.uk).

## **Can I withdraw from participating in the Wyre weight management scheme?**

You have the right to withdraw from the 12-week Slimming World scheme at any time during this initial joining process. Any personal data you have provided will be encrypted and stored by Slimming World, Wyre Council and LCC/Public Health England. It will be looked at only by personnel linked with the Slimming World funded programme in Wyre funded by LCC and Public Health England. If you wish to withdraw, please send an email including your unique identifier code (provided to you when you start the questionnaire) to the Wyre Council Active Lives & Community Engagement team at [community@wyre.gov.uk](mailto:community@wyre.gov.uk) or the Slimming World Partnerships Team at [notify.swor@slimmingworld.co.uk](mailto:notify.swor@slimmingworld.co.uk).

## **How will my data be dealt with, and who will see the results?**

Wyre Council collects this data through a system called Jadu Central. The data is compiled using Jadu Connect and then encrypted and securely sent to Slimming World, who use a system called Qualtrics to store the information in this questionnaire. Qualtrics stores data in the UK and will only process your data to the extent necessary to provide Slimming World with the information requested as part of their services. Any personal data you have provided will be encrypted and stored by Slimming World, and only shared with Wyre Council, LCC, Jadu and Public Health England. The data will not be passed on to third parties. If you'd like to read the security information regarding this, you can find it [on the Slimming World website](#).

If you'd like to read our Privacy Policy you can view this [on our website](#), and if you have any questions, you can contact our Data Protection Officer at [Joanne.Billington@wyre.gov.uk](mailto:Joanne.Billington@wyre.gov.uk).

## **What if I have a complaint or any concerns?**

Any person with concerns or complaints can view our [complaints procedure](#) on our website and submit a complaint via the online form. Alternatively a complaint can be made by email, in writing or by telephone.

I agree to participate in data collection for behavioural weight management services as part of my referral.

- I have read and understood the information above.

- I understand I have the right to withdraw from the service at any time.
- I understand that collected data will be used as part of the behavioural weight management services triage process and outcome analysis by Slimming World NHS Partnership, the relevant Local Authority and Public Health England.
- I am 16 years of age or over

Yes, I agree to the terms and conditions

No, I do NOT agree to the terms and conditions

### Which title do you prefer to use?

Mr

Mrs

Ms

Miss

Rev

Dr

Mx

### Please provide the following information.

\* denotes a required field.

First name (*)	
Surname (*)	
Date of Birth (*)	
Age (*)	
Email address (*)	
1 <sup>st</sup> line of home address (*)	
2 <sup>nd</sup> line of home address	
3 <sup>rd</sup> line of home address	
City/Town (*)	
Postcode (*)	
Mobile number (*)	
Alternative phone number	

### GP Surgery

The Mount View Practice

Broadway Medical Centre

Fleetwood Surgery

Over Wyre Medical Centre  
Great Eccleston Health Centre  
Garstang Medical Centre  
The Thornton Practice  
The Village Practice  
Beechwood Surgery  
Queensway Medical Centre  
Lockwood Surgery  
Cleveleys Group Practice  
The Crescent Surgery  
Other

**Please select your gender.**

Male

Female

Indeterminate

Prefer not to say

**Please select your ethnicity.**

White: British

White: Irish

White: any other white background

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Any other mixed background

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Any other Asian background

Black or Black British: Caribbean

Black or Black British: African

Black or Black British: Any other Black background

Other Ethnic Groups: Chinese

Other Ethnic Groups: Any other ethnic group

Prefer not to say

**Do you have any of the co-morbidities below? If yes, please select up to 6.**

- Hypertension
- Cardiac disease
- Renal disease
- Mental health disorder
- Thromboembolic disorder
- Haematological disorder
- Central nervous system disorder
- Diabetes
- Autoimmune disease
- Cancer
- Infectious Hepatitis A
- Serum Hepatitis B
- Hepatitis C
- Endocrine disorder
- Respiratory disease
- Gastrointestinal disorder
- Musculoskeletal disorder
- Gynaecological disorder
- Other
- None
- Prefer not to say

**Please select your referral source**

- GP
- Other health care professional
- Non health care professional
- Self-referral

**Please select your sexual orientation**

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual

- Other not listed
- Prefer not to say

**Are you currently pregnant?**

- Yes
- No

**Do you consider yourself to have a disability? If yes, please select up to 6.**

- Behaviour and emotional
- Hearing
- Manual and dexterity
- Memory or ability to concentrate, learn or understand (Learning Disability)
- Mobility and Gross Motor
- Perception of physical danger
- Personal, self-care and continence
- Progressive conditions and physical health
- Sight
- Speech
- Other
- No disability
- Prefer not to say

**Are you on the Severe Mental Illness Register?**

- Yes
- No

**Are you on the Learning Disabilities Register?**

- Yes
- No

Please provide your height and weight in either metric (cm and kg) or imperial (ft/in and st/lbs)

Height (cm)		Height (ft & in)	
Weight (kg)		Weight (st & lbs)	

**Please indicate your employment status:**

Employed

Unemployed and seeking work

Students who are undertaking full (at least 16 hours per week) education or training and who are not working or actively seeking work

Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance

Homemaker looking after the family or home and who are not working or actively seeking work

Not receiving benefits and who are not working or actively seeking work

Unpaid voluntary work who are not working or actively seeking work

Retired

Prefer not to answer

**Please select your religion:**

Baha'i

Buddhist

Christian

Hindu

Jain

Jewish

Muslim

Pagan

Sikh

Zoroastrian

Other

None

Prefer not to say

**Below are some statements about feelings and thoughts. Please enter an X to select the option that best describes your experience of each over the last 2 weeks.**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

Thank you for taking the time to fill in our survey. Please pop your response in the post to the address below.

Partnerships Team  
 Slimming World  
 Clover Nook | Industrial Estate  
 Somercotes  
 Alfreton  
 Derbyshire  
 DE55 4SW

Then all that's left to do is sit back, relax, and one of our friendly Contact Team will be in touch to complete your registration with you.

Please allow up to 10 working days for this, to allow time for your response to arrive with us.