

Netherthorpe and Upperthorpe GREEN GYM ORGANIC GARDENING FOR HEALTH SELF-ASSESSMENT

Your Name:

Male / Female

Address:

Phone / e-mail :

Age / date of birth:

Ethnic Origin:

1. How fit and physically active are you ?

2. Do you have any relevant illness, disability or special needs ?
(Please declare information the guides may need to know:- e.g. Asthma /
Anaphalactic Shock / Epilepsy / Diabetes / Heart Attack / Recent Injuries)

3. Do you have any experience of gardening / food-growing?
Have you ever grown any food crops before?

4. What improvements to your health do you hope to get out of your
visits to the allotments?

Your answers will be treated as confidential and will only be read by the Guide.