

# Drummond House Fitness Centre Membership Application Form



## Employee Details:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Gender: M  F  NIACS Number: \_\_\_\_\_

Location: \_\_\_\_\_ Division: \_\_\_\_\_

## AGREEMENT

I (print name) \_\_\_\_\_ will attend both a health & lifestyle appointment at the RBS Drummond House Fitness Centre and a further exercise induction if using the gymnasium. I understand that the purpose of this is to help me exercise safely. I am fully aware that I have the option of having an individualised programme.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### Use of my information

To receive communications from Nuffield Health about our exclusive offers, products and services, please tell us how you would like to be contacted by ticking the relevant boxes below:

Email  SMS  Post

On occasion Nuffield Health may contact you with pertinent service information relating to the services we provide.

You have the right to opt out of receiving these communications at any stage by following the unsubscribe option.

For further information about where personal data may be processed, how it may be processed and details of our Data Protection Officer, please see our privacy policy: [www.nuffieldhealth.com/privacy](http://www.nuffieldhealth.com/privacy)