

## Dance for Lifelong Wellbeing

### Information for Dance Participants

Dear Participant,

We are delighted that you have chosen to participate in the ***Dance for Lifelong Wellbeing*** classes. We hope that you will find the sessions inspiring and creative. These sessions will promote participation in physical activity which may help to support a healthy lifestyle.

This pack should give you all the information you need for the classes, and includes some paperwork that you should read and, if you are happy to, sign in advance, and **bring along to your first class.**

Enclosed in this pack you will find the following:

- Participant registration form
- Dance Readiness Health Questionnaire
- Emergency Contact Details form
- Photo/filming permission form

#### 1. **Your class details**

The venue for your classes is:

The dates and times are:

Your dance teacher's name is:

## 2. Your First Dance Class

### 3.1 Arrival

When you arrive at the venue, please go straight to the dance class space and say hello to your dance teacher.

For the first class, please arrive 30 minutes before the class is due to start and bring all your signed paperwork with you for the dance teacher [unless this has already been collected in advance]:

- Participant registration form
- Dance Readiness Health Questionnaire
- Emergency Contact Details form
- Photo/filming permission form

### 3.2 What to expect

The ***Dance for Lifelong Wellbeing*** programme is an opportunity for you to take part in a creative dance class. The class is open to all abilities.

You will be working with qualified dance teachers who are undertaking further training with the Royal Academy of Dance. This training will help develop their teaching skills with specific regard to adult learners in dance. They will use a variety of music and may use props in the sessions. The teachers will all be assigned a teaching mentor at the Royal Academy of Dance who will oversee their progress throughout the project.

### 3.3 Your health, wellbeing and safety in the classes

Your wellbeing and safety are very important to us. If you have not taken part in exercise for a while, you are advised to speak to your doctor before taking part. Please refer to the Dance Readiness Health Questionnaire enclosed in this pack for more information. If you are unsure about anything, it's best to speak to your doctor.

### 3.4 What to bring

Please bring a bottle of water and any physical aids that you feel you would like to bring to help you move around. Chairs will be provided for those who would prefer to participate in a seated position.

### **3.5 What to wear**

Please wear comfortable clothing that you can move freely in, and ideally shoes with soft soles (trainers are ideal). You do not need specialist dance shoes unless specified by your dance teacher – this will depend on the dance style of the class. Please also bring a warm layer of clothing to wear, such as a jumper or cardigan.

### **3. More about the project**

“Dance for Lifelong Wellbeing” is a four-stage project that will include:

- Initial teacher training
- Dance classes for adult learners
- Evaluation of research
- Dissemination of project findings

The project offers opportunities for adult learners and communities of people in later life in London to improve their health and wellbeing through quality dance provision and supports adult teachers in developing best practices for teaching dance for longevity.

Throughout the project we will be monitoring and evaluating how participants and teachers are getting on. This research will be led by Dr Victoria Showunmi from the Institute of Education in London.

A seminar on dance for longevity will be held at the Royal Academy of Dance from April 26<sup>th</sup> to 28<sup>th</sup> in 2013 which will present the findings from the project to interested parties including people who work in social care, government, and the dance teaching profession. We would be delighted if you could join us at this event. More details will be sent to you nearer the time.

If you have any questions about the project, please ask your teacher, or contact Dr Victoria Watts, Project Manager for the Dance for Lifelong Wellbeing Project at the Royal Academy of Dance on 020 7326 8068.

With warm wishes,

The Dance for Lifelong Wellbeing Team

### **Participant Paperwork included:**

1. Participant registration form
2. Dance Readiness Health Questionnaire
3. Emergency Contact Details form
4. Photo/film permission form

**Please complete all forms and bring along to your first class**

## Participant registration form

### COMMUNITY LEARNING INNOVATION FUND

The programme you are taking part in is being funded by the Skills Funding Agency as part of the Community Learning Innovation Fund. There are learning programmes and activities being funded through the Community Learning Innovation Fund all over England. The Skills Funding Agency is collecting information about the people that take part in these learning programmes and activities so that they better understand how many and what types of people the funding is reaching.

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Full post code</b> |  |

|                                 |                          |
|---------------------------------|--------------------------|
| <b>Gender – please tick one</b> |                          |
| Male                            | <input type="checkbox"/> |
| Female                          | <input type="checkbox"/> |
| Prefer not to say               | <input type="checkbox"/> |

|                              |                          |
|------------------------------|--------------------------|
| <b>Age – please tick one</b> |                          |
| Under 19                     | <input type="checkbox"/> |
| 19-24                        | <input type="checkbox"/> |
| 25-49                        | <input type="checkbox"/> |
| 50-75                        | <input type="checkbox"/> |
| Over 75                      | <input type="checkbox"/> |
| Prefer not to say            | <input type="checkbox"/> |

|                                    |   |                          |
|------------------------------------|---|--------------------------|
| <b>Ethnicity – please tick one</b> |   |                          |
| White                              | Welsh / English / Scottish / Northern Irish / British | <input type="checkbox"/> |
|                                    | Irish   | <input type="checkbox"/> |
|                                    | Gypsy or Irish Traveller                              | <input type="checkbox"/> |
|                                    | Any other White background, <i>please specify</i>     | <input type="checkbox"/> |
| Mixed / multiple ethnic            | White and Black Caribbean                             | <input type="checkbox"/> |
|                                    | White and Black African                               | <input type="checkbox"/> |

|   |  |  |
|---|--|--|
| groups  | White and Asian  |  |
|   | Any other Mixed / multiple ethnic groups, <i>please specify</i>            |  |
| Asian / Asian<br>British                          | Indian   |  |
|   | Pakistani  |  |
|   | Bangladeshi  |  |
|   | Chinese  |  |
|   | Any other Asian background, <i>please specify</i>                          |  |
| Black / African<br>/ Caribbean /<br>Black British | African  |  |
|   | Caribbean  |  |
|   | Any other Black / African / Caribbean background,<br><i>please specify</i> |  |
| Other ethnic<br>groups                            | Arab   |  |
|   | Any other ethnic group, <i>please specify</i>                              |  |
| Prefer not to say                                 |  |  |

|  |                          |
|--|--------------------------|
| <b>Do you consider yourself to have a disability?*</b><br><b>Please tick one</b> |                          |
| Yes  | <input type="checkbox"/> |
| No   | <input type="checkbox"/> |
| Prefer not to say  | <input type="checkbox"/> |

\* This might include physical impairments, sensory impairments, mental health difficulties, long term health conditions, learning difficulties, disabilities or differences

|  |                          |
|--|--------------------------|
| <b>Employment status – please tick all of the boxes that apply</b> |                          |
| I am currently in paid work – employed                             | <input type="checkbox"/> |
| I am currently in paid work – self-employed                        | <input type="checkbox"/> |
| I am currently in full time education or training                  | <input type="checkbox"/> |
| I am currently in part time education or training                  | <input type="checkbox"/> |
| I am currently not in education or training                        | <input type="checkbox"/> |
| I am currently not in paid work                                    | <input type="checkbox"/> |
| Other (please specify)   | <input type="checkbox"/> |
| Prefer not to say  | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| <b>Age when you completed continuous full time education – please tick one</b> |                          |
| I completed continuous full time education at age 16 or below                  | <input type="checkbox"/> |
| I completed continuous full time education at age 17 or 18                     | <input type="checkbox"/> |

|   |  |
|---|--|
| I completed continuous full time education at age 19 or 20    |  |
| I completed continuous full time education at age 21 or above |  |
| Prefer not to say   |  |

|  |  |
|--|--|
| <b>Previous experience of adult learning – please tick one</b>   |  |
| I am currently involved in other adult learning activities;  |  |
| I have recently been involved in other adult learning activities (within the last three years);                            |  |
| I have been involved in adult learning activities since finishing full-time education but not within the last three years; |  |
| I have had no involvement in adult learning since leaving school.  |  |
| Prefer not to say  |  |

**Thank you for taking the time to complete this form.**

## Dance for Lifelong Wellbeing Project : Dance Readiness Health Questionnaire

Participant Name: \_\_\_\_\_

**Part 1: Please tell us if you have experienced or are currently experiencing any of the following (please circle Yes or no)**

|   |          |
|---|----------|
| Osteoporosis  | Yes / No |
| Falls   | Yes / No |
| Arthritis (please specify joints affected).....<br>.....                                    | Yes / No |
| High blood pressure (if yes, please tell us if this is being treated with medication below) | Yes / No |
| My high blood pressure is being treated with medication                                     | Yes / No |
| Low blood pressure / Vertigo  |          |
| Recent surgery (in last 6 months)   | Yes / No |
| Thrombosis (blood clots)  | Yes / No |
| Diabetes  | Yes / No |
| Heart problems  | Yes / No |
| Chest pain whilst doing physical exercise   | Yes / No |
| Asthma  | Yes / No |
| Recent viral infection  | Yes / No |
| Epilepsy  | Yes / No |
| Stroke  | Yes / No |
| Fainted, dizziness or loss of consciousness   | Yes / No |
| Cancer  | Yes / No |
| Visual impairment   |          |
| Hearing impairment  |          |
| Prosthetic limbs  |          |
| Other (please give detail)  |          |



If you have answered 'Yes' to any of these, please take this information to your doctor, and ask your doctor if this activity is suitable for you.

If you answered 'No' to all, please proceed to the Disclaimer.

## Dance Readiness Health Questionnaire

### Part 2: Disclaimer (please tick)

|  | Yes | No |
|--|-----|----|
| I have read, understood and answered honestly the questions on the previous page. I agree to advise the dance leader of any changes in my health condition which may affect my ability to exercise.  |     |    |
| <b>Medical advice (if relevant):</b> I ticked 'yes' to one of more of the boxes in the health check, and have taken medical advice from my doctor who has agreed that I can safely take part in these classes.   |     |    |
| I confirm that I am voluntarily engaging in the Dance For Lifelong Wellbeing programme of dance classes for 6 weeks, and understand that classes will include creative dance activities that involve cardiovascular exercise, strength and balance. I understand that these activities involve a potential risk of injury. |     |    |
| I understand that the dance teachers are leading these classes voluntarily as part of their training, and that they are being mentored by the Royal Academy of Dance.  |     |    |

### Part 3: Additional project information

|   |  |  |
|---|--|--|
| <b>Attendance:</b> I have read through the dates for the 6 dance sessions and am committed to attending all sessions. I will advise the dance leader if I am unable to attend a session |  |  |
|---|--|--|

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Dance Teachers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

## **Participant Emergency Contact Information**

Participant Name: \_\_\_\_\_

### **Emergency contact 1**

Emergency contact 1 name: \_\_\_\_\_

Emergency contact 1 telephone number: \_\_\_\_\_

### **Emergency contact 2**

Emergency contact 2 name: \_\_\_\_\_

Emergency contact 2 telephone number: \_\_\_\_\_



## PRESS, PHOTOGRAPHY/FILM & PUBLICITY CONSENT FORM

### Dear Participant

We are delighted that you are participating in the Dance for Lifelong Wellbeing Project. We will be filming and taking photographs in some of the sessions of this workshop for future training and publicity purposes, and as a way of documenting the project for research purposes.

The photographs/footage may be used for press & publicity purposes in RAD printed and online materials (prospectus, advertising, e-newsletters, websites), and in some cases by local or national press and broadcast media. However, they may be kept for an indefinite period and may not be used immediately.

Any personal information provided on this form is strictly private and confidential and for internal RAD Group purposes only, as per the 1998 Data Protection Act.

If you require any further information, please contact Mia Romanus, Head of Continuing Professional Development at [mromanus@rad.org.uk](mailto:mromanus@rad.org.uk)

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### Please tick as appropriate:

- I hereby give permission for the Royal Academy of Dance to use my image (whether photo or film)
- I do not consent to being photographed or filmed by the Royal Academy of Dance

### (Please complete your details in block capitals)

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_