

Falls Prevention Programme

Have you experienced a fall? **YES / NO**

Would you like to be involved in the planning of a Falls Prevention Programme? As a Falls Prevention Ambassador there are many roles such as Steering Group, promotion, telling your story (recorded) or as a support and encouragement over the phone, supporting initiatives for movement classes?

Then simply add in how you would help and add name and contact number in the box at end of form

I would like to get involved in:-

If **you** have experienced a fall or you **live with someone / look after someone** who has experienced a fall? Can you give a short description of what happened?

Did you tell anyone about this (e.g. Doctor, nurse, physiotherapist, support worker, carer, optician etc)? **YES / NO**

Before your fall did you take part in any classes or at home sessions that focussed on falls prevention, such as balance and strengthening exercises? **YES / NO**

If yes how did you hear about them?

Where did you do them?

After your fall did you take part in any classes or at home sessions that focussed on falls prevention, such as balance and strengthening exercises.

If **yes** how did you hear about them?

I consent to my personal data being processed for the purposes of participating in the planning and development of the Falls Prevention Ambassadors initiative.
I consent to my personal data being shared with Dundee Volunteer & Voluntary Action. You can withdraw the consent you are giving on this form at any time by contacting judithclark@dvva.scot.

Do you have access to Zoom **YES / NO**

Please sign below and give contact number after reading consent statement above

Signed.....

Contact
number.....

Date.....