


Strength and Balance Workshop
Thursday 6th November - 9.30am - 2.30pm
Erskine Care Home
Bishopton
PA7 5PU"> Strength and Balance Workshop
Thursday 6th November - 9.30am - 2.30pm
Erskine Care Home
Bishopton
PA7 5PU">

Strength and Balance Workshop
Thursday 6th November - 9.30am - 2.30pm
Erskine Care Home
Bishopton
PA7 5PU

 Mandatory questions are marked with an asterisk (*)

1. Contact information

First name *	<input type="text"/>
Last name *	<input type="text"/>
Mobile	<input type="text"/>
Email *	<input type="text"/>
Care Home *	<input type="text"/>
HSCP	<input type="text"/>
Job role *	<input type="text"/>

If you have any additional accessibility requirements please let us know below.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

2. How did you hear about the event?

- ☐ Website
 - ☐ Through CAPA newsletter
 - ☐ Flyer
 - ☐ Manager
 - ☐ CHC Newsletter
 - ☐ Twitter
 - ☐ Other
-

Please complete the pre course intended learning outcomes below. This helps us understand where people are and how best to meet participants needs. Thank you

3. Have you attended any of the previous meaningful activity network meetings? *

- ☐ Yes
- ☐ No

If yes, please would you tell us what you know about it.

4. Have you used any resources/links from our previous sessions? *

5. What do you want to learn from this network? *

6. Are you currently using any digital resources to promote physical activity in your care home?

- ☐ Yes
- ☐ No

7. If yes, please provide details:

8. Would you be interested in implementing a strength and balance program in your care home?

- ☐ Yes
- ☐ No

9. Please provide your email address if you consent to join our mailing list?
