

## Managers Declaration Form

To be completed by the manager of the organisation requesting *Choose to Lose* facilitator training for an employee/volunteer.

<b>Applicant name:</b>	<b>Organisation name:</b>
<b>Manager name:</b>	<b>Manager title:</b>
<b>Manager email:</b>	<b>Manager telephone:</b>

**I declare the following:** (please tick appropriate box)

1. I support this application	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. I have read and understood the <i>Choose to Lose Guidelines</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. I have identified funding to deliver <i>Choose to Lose</i> and I will ensure that the necessary resources and facilities are available for the programme.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. I will allow named applicant to attend 2 days facilitator training, additional ½ day walk leader training (if necessary) and at least one annual update session.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. I will allow the named applicant sufficient preparation and delivery time for each session	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. I will ensure at least one <i>Choose to Lose</i> programme is delivered by the named applicant within six months of attending the facilitator training.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. I will ensure an exercise session is delivered by an appropriately qualified trainer directly before or after the <i>Choose to Lose</i> programme.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. I will ensure the insurance for the organisation and the venue is appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>



**Choose To Lose**

9. I understand a member of the <i>Choose to Lose</i> dietitian will carry out compulsory visits during programme delivery for support and monitoring purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. I understand that the programme is free of charge for all participants.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

