

## Facilitator Declaration Form

Please complete in order to attend **Choose to Lose** facilitator training. This information will be held by your local Health and Social Care Trust and the Public Health Agency. Your information will be held in accordance with the Data Protection Act 1998.

<b>Applicant name</b>	<b>Organisation name:</b>
<b>Title</b>	<b>Organisation address</b>
<b>Email</b>	
<b>Telephone</b>	<b>Preferred contact hours</b>

I declare the following: (please tick appropriate box)

1. I have read and understood the *Choose to Lose Guidelines*. Yes  No
2. I will ensure that the necessary resources and facilities are utilised for the delivery of Choose to Lose. Yes  No
3. I will attend 2 days facilitator training, an additional 1 day walk leader training (if necessary) and at least one annual update session. Yes  No
4. I will deliver at least one full 12 week *Choose to Lose* programme, as outlined in the manual, within six months of completing the facilitator training. Yes  No
5. I will ensure an exercise session is delivered by an appropriately qualified trainer at weeks 2-12. Yes  No
6. I understand the *Choose to Lose* dietitian will carry out compulsory visits during programme delivery for support and monitoring purposes. Yes  No
7. I will not share *Choose to Lose* materials with non-participants without prior written permission from the *Choose to Lose* team. Yes  No
8. I will not provide one-to-one nutritional advice to *Choose to Lose* participants except under the guidance of a *Choose to Lose* Registered Dietitian. Yes  No
9. I will take part in the evaluation of *Choose to Lose*. Yes  No
10. I will maintain regular communication with the *Choose to Lose* dietitian. Yes  No

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

