

Green Prescription agreement

As a part of engaging in the programme we encourage you to read through the following guidelines and sign at the bottom if agreeable, speak to an Advisor for any questions.

Advisor's commitment to the client:

- We will give you information on the benefits of physical activity and guidelines on nutrition.
- We will help you set short- and long-term physical activity and nutritional goals.
- We will discuss physical activity options with you and link you to suitable physical activity groups.
- We will contact you every month to see how you are going with your goals.
- We will offer to meet with you during your last month to discuss your time on the programme and what is next.
- We will help set you up for a healthy lifestyle.

Client's commitment to the programme:

- I am committed to making healthy lifestyle changes.
- I will develop short- and long-term physical activity and nutritional goals with the help of my advisor.
- I will engage in monthly contact via text, phone call or face to face at group activities. If uncontactable, I
 understand that I will be released from the programme and my GP advised.
- If my situation changes, I will communicate this with my advisor and together, decide how to best move forward on the programme.
- I will complete the final six-month appointment to reflect on and wrap up my time on the programme.
- I will bring a willingness to make change and celebrate my progress.

| Participant consent: I agree to participate in the Green Prescription programme. I understand this is a six-month healthy lifestyle programme as set out in the above agreement. I acknowledge the need for health-related assessments to be completed so progress can be captured. | Yes / No |
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| At all times Sport Bay of Plenty aims to lead safe enjoyable activities. I understand that in the event of unforeseen circumstances Sport Bay of Plenty will not be liable for injury, damage or loss which I may sustain to myself or my property. | Yes / No |
| Information privacy: Your advisor will only collect information from you that is relevant to Green Prescription. This information will be used to support you. I understand all information gathered is confidential and will not be discussed with anyone without your permission, unless in an emergency. All information will be filed in a private file which you are able to request a copy of. | Yes / No |
| Feedback procedure: My advisor has made me aware of the Code of Rights information and Sport Bay of Plenty's complaints procedure in my pack. | Yes / No |
| Programme evaluation: In order for Sport Bay of Plenty to deliver a quality service the Green Prescription programme is constantly monitored and evaluated. I understand the Ministry of Health, Sport Bay of Plenty or an external evaluator approved by Sport Bay of Plenty may contact me to help with programme evaluation. | Yes / No |

| Client Name: | Signed: | Date: |
|----------------------------|---------|-------|
| Green Prescription Advisor | Signed: | Date: |