



# Wellbeing programme agreement

Client number

New	Returning	Add on	Standard Monthly (3 month min commitment)	Discounted Monthly (12 month min commitment)	Discounted Prepaid (12 month min commitment)
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**1st applicant**

Title \_\_\_\_\_ Referred by \_\_\_\_\_

Forename \_\_\_\_\_ D.O.B \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel home \_\_\_\_\_ Tel work \_\_\_\_\_

**2nd applicant**

Title \_\_\_\_\_ Referred by \_\_\_\_\_ Client number \_\_\_\_\_

Forename \_\_\_\_\_ D.O.B \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel home \_\_\_\_\_ Tel work \_\_\_\_\_

	Title	Full name	D.O.B	Client No.
<b>3rd applicant</b>				
<b>4th applicant</b>				
<b>5th applicant</b>				

## Programme details

Programme category / sub category	Monthly subscription	Starter payment	Pro rata payment	Prepaid discounted payment	Total initial payment
1	£	£	£	£	£
2	£	£	£	£	£
3	£	£	£	£	£
4	£	£	£	£	£
5	£	£	£	£	£
Total amount of DD	£			Total paid on joining	£

## Programme start date:

Date of first Direct Debit: \_\_\_\_\_

## Minimum commitment date:

Corporate ID attached \_\_\_\_\_ National corporate \_\_\_\_\_ Corporate name \_\_\_\_\_

If you are registered disabled or have any special requirements of us speak to a team member

**1. Terms and Conditions** – Please ensure that you have read and understand the full terms and conditions and the provisions of this form, a copy of which has been provided to you. These terms and conditions may be changed from time to time by us. **2. Commitment Period** – the minimum commitment period is stated above and subscriptions are due throughout the commitment period, or prior to the commitment period depending upon the payment option that you have selected. **3. Standard Monthly Option** – You commit to pay the monthly subscription detailed above for a period of three full calendar months, after which the agreement will continue on a monthly basis. You may cancel at anytime but your agreement and payments won't finish until your earliest commitment date. You must give at least one full calendar months notice. Please see section 7 of our full terms and conditions for full details. **4. Discounted Monthly Option** – You commit to pay the monthly subscription detailed above for a period of 12 full calendar months, after which the agreement will continue on a monthly basis with no discount. You may cancel at anytime but your agreement and payments won't finish until your earliest commitment date. You must give at least one full calendar months notice. Please see section 7 of the full terms and conditions for further details. **5. Prepaid Discounted Option** – You commit to pay in advance a prorata payment (where applicable) and 12 monthly subscriptions for a 12 full calendar months commitment. Please read section 7.9 of the terms and conditions which refers to the ending/continuation of the agreement. **6. Price Reviews** – Monthly subscriptions will be reviewed and changed from time to time. Please see section 4.4 of the full terms and conditions for further details of how this may impact you. **7. Cancellations** – except for pre-paid discounted options (see section 7.9 of the terms and conditions), all agreements require at least one full calendar month's notice to cancel but will not be cancelled before the end of your commitment period.

1st applicant signature \_\_\_\_\_ Signed on behalf of The Fountain Spa \_\_\_\_\_

2nd applicant signature \_\_\_\_\_ Printed name The Fountain Spa team member \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## Use of my information

1. Please cross the box if you DO NOT wish to be contacted by us about our products
2. Please tick the box if you wish to be contacted by us about our partners and their products
3. Please tick the box if you wish to be contacted by third parties about their products

This Guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change Nuffield Health will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Nuffield Health or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



Please complete this Direct Debit and return to the address below.  
The Fountain Spa Fitness & Wellbeing Centre, Best Western Balgeddie House Hotel,  
Balgeddie Way, Glenrothes, Fife, KY6 3ET



## Instruction to your Bank or Building Society to pay by Direct Debit

Name and full postal address of your Bank or Building Society

To: the manager \_\_\_\_\_ Bank/Building Society \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Originator's identification Number

**2 5 8 1 2 6**

Reference

\_\_\_\_\_

Instruction to your Bank or Building Society  
Please pay Nuffield Health Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Nuffield Health and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

\_\_\_\_\_

Bank/Building Society account number

\_\_\_\_\_

Branch Sort Code

\_\_\_\_\_

Signature (s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

## Pre-exercise questionnaire

Client number \_\_\_\_\_

Certain medical issues may indicate that you should not take part in exercise unless you have first obtained your doctor's approval. Please tick the boxes below if any of the following medical issues apply to you **unless you have already obtained your doctor's approval to exercise**. If any of the following medical issues apply to you and you have not obtained your doctor's approval to exercise you must obtain your doctor's approval to exercise before we can permit you to exercise in our centres.

	1st applicant name	2nd applicant name
1. You have a heart condition and your doctor has recommended that you only exercise in a medically supervised programme	<input type="checkbox"/>	<input type="checkbox"/>
2. You have on one or more occasions lost consciousness or fallen over as a result of dizziness	<input type="checkbox"/>	<input type="checkbox"/>
3. You experience unexplained chest pains at rest or while active	<input type="checkbox"/>	<input type="checkbox"/>
4. You have been diagnosed with a severe bone or joint problem that could be made worse by exercising	<input type="checkbox"/>	<input type="checkbox"/>
5. You are currently being prescribed medication for high blood pressure, a heart condition or other serious illness	<input type="checkbox"/>	<input type="checkbox"/>
6. You are pregnant or have given birth in the last three months	<input type="checkbox"/>	<input type="checkbox"/>
7. There is another reason, not mentioned above, why you should only exercise in a medically supervised programme (e.g. uncontrolled diabetes or epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>

## Declaration

If you have any questions regarding this Pre-Exercise Questionnaire please speak to a The Fountain Spa team member. If any of your answers to the above questions change or for any other reason you are unsure at any time whether as a result of your state of health you should exercise please seek the approval of your doctor and inform The Fountain Spa before exercising.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

I have read and fully understand this Pre-Exercise Questionnaire and confirm that the answers given by me are correct and not misleading. I know of no reason why I should not participate in any form of exercise or any other activity available at any of our centres.

\_\_\_\_\_

# Wellbeing programme agreement

Client number

New  Returning  Add on   
 Transfer from centre

Standard Monthly  Discounted Monthly  Discounted Prepaid   
 (3 month min commitment) (12 month min commitment) (12 month min commitment)

**1st applicant** Referred by

Title  D.O.B

Forename  Surname

Email  Mobile

Address

Tel home  Postcode  Tel work

**2nd applicant** Referred by

Title  D.O.B  Client number

Forename  Surname

Email  Mobile

Address

Tel home  Postcode  Tel work

	Title	Full name	D.O.B	Client No.
<b>3rd applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4th applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5th applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Programme details

Programme category / sub category	Monthly subscription	Starter payment	Pro rata payment	Prepaid discounted payment	Total initial payment
1 <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2 <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
3 <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
4 <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
5 <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total amount of DD	£ <input type="text"/>			Total paid on joining	£ <input type="text"/>

**Programme start date:** Date of first Direct Debit:

**Minimum commitment date:**  Corporate ID attached  National corporate  Corporate name

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1st applicant signature  Signed on behalf of The Fountain Spa

2nd applicant signature  Printed name The Fountain Spa team member

Date  Date

**Use of my information**

	1st applicant	2nd applicant
<input checked="" type="checkbox"/> 1. Please cross the box if you DO NOT wish to be contacted by us about our products	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 2. Please tick the box if you wish to be contacted by us about our partners and their products	<input type="checkbox"/>	<input type="checkbox"/>
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Please complete this Direct Debit and return to the address below.  
 The Fountain Spa Fitness & Wellbeing Centre, Best Western Balgeddie House Hotel,  
 Balgeddie Way, Glenrothes, Fife, KY6 3ET



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To: the manager  Bank/Building Society

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Postcode

Originator's identification Number

**2 5 8 1 2 6**

Reference

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Branch Sort Code

Signature (s)

Date

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I have read and fully understand this Pre-Exercise Questionnaire and confirm that the answers given by me are correct and not misleading. I know of no reason why I should not participate in any form of exercise or any other activity available at any of our centres.

Signature

Date