momentum

Wellness day application form

Please complete this form and send it to wellness@momentum.co.za. In order for a wellness day to run smoothly, allow a lead time of 4-6 weeks.

Section 1: Company informa	ation																										
Company name																											
Physical address of proposed site for the	Wellness	Day																									
Province/Town																											
																				Po	stal	cod	е				
Company contact person to manage	ge Welln	ess	Da	y or	ı si	te																					
Name																											
Contact number																											
E-mail address																											
Name of room/area where Wellness Day	will be he	d (e	.g. B	oard	roo	m A	1)																	$\overline{}$			1
Proposed date of the Wellness Day (at lea	ast 4 wee	ks fro	om d	date (of th	nis a	ppli	icatio	n fo	rm)	:							D	D	- [M	M	-	Υ	Υ	ΥΥ	Ī
Time (Note: Wellness event 8:00 - 17:00 If these hours are exeeded or if the event is hosted on a weekend the company will be billed)															un	til			: [
Estimated number of employees taking pa	art in the v	velln	ess	Day:	(Tr	nis is	s th	e nu	mbe	r of	staf	f we	e ca	ter fo	or o	n th	e da	ay).							Т		
How many of these staff members are: Scheme members Non Scheme member														s							Ī						
General information on the compa	ny:																										
Indicate the total number of staff at your o	ompany																							\neg			7
Indicate the number of existing Momentui	n Health/s	Sche	me i	mem	ber	s at	the	pro	oose	ed V	Vellr	ness	day	y site	е										\pm		i
Indicate the number of existing Multiply m	embers a	the	prop	oseo	d we	ellne	ess	day	site															\overrightarrow{T}	$\overline{}$		i
Can Momentum contact staff telephonical	ly to discu	ıss N	Иom	entu	m p	rodı	ucts	afte	r the	e We	ellne	ess	day′	?							Yes	3		T	No	Ť	Ī
Momentum representative																											
Name																								$\overline{}$			
Contact number																											_
E-mail address								Ť																П			1
Section 2: Partner information	on																										_
Please indicate which partners you would	like to inv	vite (NB:	Parti	ners	s wil	l on	ılv be	inv	ited	for	eve	nts	of at	lea	ıst 1	50 r	oarti	cipa	nts)							
Partner participation is dependent on approvided prior to the day. All providers are	oroval fro	n th	е ра	ırtneı	r. S	Shou	ıld t	he p	artn	er i	ncur	r an	у сс	st to	о ра	artic	ipat	e in	the	Wel							
Health partners	Virgin Active Planet Fitness Dis-Chem																										
	Adventu	re B	oot (Cam	р							-															
Travel partners	Mango A	Airlin	es				Р	rotea	н Но	tels					A۱	/IS											
	City Lod	ge																									
Any ad hoc services requested, e.g. mass	sages, wil	req	uire	a de	pos	it of	509	% of	the	quo	ted	pric	e pr	ior to	o th	e ev	ent.										

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Section 3: Assessments

•	no assessments are required for the e e following assessments are available	,							,	you	wou	ıld li	ke c	cond	ucte	ed:											
1.	1. Health Assessments (HA) at R105. The HA will be conducted by a nurse or biokineticist and involves testing blood pressure, waist circumference, body mass index, glucose and																										
	The HA will be conducted by a nurse or biokineticist and involves testing blood pressure, waist circumference, body mass index, glucose and cholesterol. Testing takes between 10 and 15 minutes, and can take place in an open area or canteen.																										
2.	Voluntary counselling and testing (\	/CT) a	at R1	85																							
	This involves a finger prick test for	HIV, c	ondu	cted	by a	a pro	fessi	ona	l nurs	se. T	ne t	est t	ake	s 30	mir	nute	s. E	ach	nur	se re	qui	res a	priva	ate ro	oom.		
3.	Fitness assessments (FA) at R230	for no	n-Mu	ltiply	me	mbe	rs an	d R	220 f	or M	ultip	ly m	nem	bers													
	FAs are 45-minute assessments pe Network (Planet Fitness). The asse																				he	Wellr	ness	Coa	ching		
(All	prices include VAT)																										
Se	ection 4: Billing information	on																									
Tra	ding name																										
Re	gistered name																										
VA	Γ Registration number:																										
Ph	ysical address																										
																					Р	ostal	code	э			
Co	ntact person																										
Со	ntact number																										
Co	st of the Wellness Day																										
4.1	General																										
tha	e scheme will pay, through the Health t has a screening test done on the We eady used the benefit for the particula	llness	Day.						_		-									`		,					
the	he occurrence that non-scheme mem employer only caters for scheme men the day.																										
	ase note the penalty fees as stipulate days. Booking sheets are provided to																				nal	servi	ces r	need	ed to	con	duct
VC	T/FA do not form part of the Momentu	ım He	ealth p	olatfr	om l	bene	fit ar	nd e	ither	the c	om	pany	or or	emp	loye	ee w	vill b	e li	able	for th	ne c	ost.					
4.2	Participation fee																										
for	page 1 of this application form Mome the day is related to this number, If lee each employee below the 70% line.	ss tha	ın 709	% of	the	confi	rmed	d es	timati	on p	artio	cipat	tes o	on th	ie da	ay, t											
4.3	Cancellation fee																										
cor	the event of the Wellness Day being npany/employer will be liable for 50% company/employer will be liable for 1	of th	e nun	nber	of e	stim	ated	atte	endee	s at	R95	pe	r att	ende	ee (i	incl.	VA	T).	2 wc								
Se	ection 5: Marketing and co	omn	nuni	icat	tioi	n pl	lan																				
Ple	ase select the client's requirements*:																										
Ele	ectronic communication:																										
E-r	nail communication (teaser, invitation	, remi	nder)																			Yes	3		No)	
Po	werpoint presentation																					Yes	3		No)	

Yes

No

As an alternative to electronic communication:

Posters (make sure that the company allows these to be put up. Not more than 2 posters per event)

Section 6: Terms and Conditions

Please take note of the following:

- The company contact person need to ensure that sufficient communication is done and all marketing material given by Momentum is utilised. This will directly influence the attendance and success of this day.
- Momentum Group of companies will not be held responsible in any manner whatsoever for any loss or damages suffered by the employees as a result
 of any action or omission by the provider of the services or test administrators.

Please confirm acceptance of the conditions in this application form by the company contact person.

Responsible person at relevant company Accept the above terms and conditions or	n beh	nalf of	f the o	comp	any	as sh	iown	abo	ve.		1												
Signature												Da	ate	D	D	-	M	M	- [2	0	Y	

Disclaimer

Momentum informs and assists all Wellness Day attendees of their potential risk factors as well as recommended lifestyle changes but cannot accept responsibility for any consequences that may result from such recommendations. Momentum will not be involved and cannot be held responsible for issues emanating from disease management e.g. patient monitoring, compliances with recommended programmes, clinical outcomes or the patients adherence to the programme or any other factors or injuries that result from the patient's participation in such a programme.