



WEIGH-LESS ONLINE ENROLMENT FORM

MEMBERS PERSONAL INFORMATION

Welcome to weigh-Less. Please fill in the below:

ID. Number: ID. Passport: Driver's Licence: Other:

For a family concession, please provide the main family member's Weigh-Less Member no:

Title: First Name:

Surname:

Preferred name: Date of birth: Age:

Contact No.: Work:

Email:

Home address:

Street address:

Suburb: Town:

Province: Postal code:

Postal address: (If different to home address):

Suburb: Town:

Occupation:

Employer Name:

Home Language:

How did you hear about Weigh-Less?

Is this the first time you have joined Weigh-Less? Yes: No: If no, how many times?

Full Time Student: Student No: Institution:

Medical Aid: Medical Aid No.:

Medical Aid scheme:

Principal Number

Would you like to join a group in your area once groups reopen in venues?

If yes, please advise preferred: Suburb Day: Time

If yes, do you have a preferred Group Leader? Please provide name:

In order to better understand your current lifestyle, including health and dietary-related concerns as well as your personal perceptions about healthy eating, and what you may expect from your diet, please answer the following questions as truthfully as possible:

YOUR CURRENT STATS

Height Shoe size Current Weight Waist

YOUR ENERGY NEEDS

Please indicate with a tick in the applicable box which best describes you:

	F1	F2	F3
Age:	19-34	35-54	Older than 54
How often do you exercise	3-5 times per week	Less than 3 times per week	Seldom / Never
Total amount of weight to lose	More than 20kg	10-20kg	10kg or less

YOUR FORMULA

Are you vegetarian? Yes: No: Are you allergic to dairy? Yes: No:

Are you pregnant? If Yes, Please advise due date: Are you currently breastfeeding? Yes: No:

YOUR LIFESTYLE PROFILE

Do you have bowel disease? (Diverticulitis, IBS, Spastic Colon, Cohn's Disease or Ulcerative Colitis) Yes: No:

Are you wheat intolerant? Yes No Are you gluten intolerant? Yes No

Are you centrally obese or at risk of becoming insulin resistant? Please complete the below table by marking with an X in response to each of the below questions:

INSULIN CONTROL		
Have you been diagnosed with Type 1, Type 2 or Gestational diabetes	No	Yes
Have you ever been diagnosed with insulin resistance, hyperinsulinemia, pre-diabetes, PCOS (Polycystic Ovarian Syndrome) or glucose intolerance	No	Yes
Have you previously ever had abnormal blood sugar readings?	No	Yes
Do you carry most of your weight around your stomach (ie apple shape)?	No	Yes
Generally, what is your food preference	CARBOHYDRATES (such as bread, rice, pasta, potato, crackers)	PROTEIN (such as meat, chicken, fish, eggs)
Is your weight circumference >88cm (woman) or > 102cm(men)	No	Yes
Is there a history of Type 2 diabetes in your family?	No	Yes
Tally		



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WELLNESS INDICATORS (If available)

Cholesterol

BLOOD PRESSURE

BLOOD SUGAR

What exercises are you currently doing?

YOUR PROFILE

PROFILING STATEMENT:	A	B	C
Which statement best describes your attitude to dieting	I am an all-or-nothing type of dieter. When on diet I am 100%	I am generally good but tend to break my diet on the weekend and in social situations	I find it difficult to stick to diet rules
Describe your dieting history	I've never been on diet	I have tried to lose weight, through dieting, only a few times in the past	I have been on many diets, I am a typical yo-yo dieter
Currently, I eat breakfast...	Everyday	Some days	I mostly skip breakfast
Currently, I rely on convenience food, microwave meals, take outs and restaurants.	Rarely	2-3 times a Week	Most days of the week.
Currently, which best describes your eating pattern.	I generally eat structured balanced meals and snacks	I eat regular meals but pick in between	I skip meals often and pick mindlessly
Currently, how often are your meal choices out of your control?	Never	2-3 times a week	Often:> 4 Times a Week
Currently, in social situations do you...	Manage to stick to a healthy Eating Plan	Indulge more than usual but still aware	Throw caution to the wind and overindulge
Describe your expectations on Weigh-Less	I want to lose weight as quickly as possible	I would like consistent steady weight loss that I can manage	I want to improve my health and get a structured eating plan back in my life
Tally			

JOIN THE CLUB AND ENJOY A NEW YOU FOR LESS (SOUTH AFRICA ONLY)

Do you want to join the Weigh-Less Plus Club and receive all the Weigh-Less Plus benefits of the loyalty programme? It's so easy. Just pay your fee by debit order each month and receive added benefits.

FROM:

Surname and Initials of account holder

TO: WEIGH-LESS SA (PTY) LTD The details of my bank account are as follows:

BANK:

BRANCH NAME:

BRANCH NO.:

ACCOUNT NO.:

TYPE OF ACCOUNT:

CURRENT

CHEQUE

SAVINGS

TRANSMISSION

(Tick where applicable)

I/We hereby authorise Weigh-Less SA(Pty) Ltd to debit my/our account monthly for the current Weigh-Less fees as per my membership type:

on

1

15

25

Last day of the month

day of each month commencing on

and continuing for the duration

of my/our membership or the membership of the person/s on whose behalf I/We hereby assume liability.

Signed at

on this:

day of:

20

SIGNATURE USED FOR SIGNING OFFICIAL DOCUMENTS

CAPACITY:

ASSISTED BY:
(Where legally necessary)

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS OF WEIGH-LESS MEMBERSHIP CAREFULLY

All fees are payable in advance. Memberships are not transferrable. Weigh-Less SA (Pty) Ltd, its members, staff shall under no circumstances be liable for any loss, damage or injury sustained by a Member, his/her property, or to the person or property of any invitee of such a member, arising inside or outside a venue.

You are obliged to obtain your doctor's permission to participate in the Weigh-Less Weight Management Programme, if you are a minor, if you have any of the following conditions: Heart Disease, Gastrointestinal Disease, Type 1 Diabetes (more than 1 year), Type 2 Diabetes, pregnant women with gestational diabetes, Anaemia, Low Blood Pressure, HIV Positive

You may not participate in the Weigh-Less Weight Management Programme if you have, or if you develop any of the following conditions, whilst participating in the Weigh-Less Weight Management Programme:

- Gastrectomy, Gastric Stapling, Colonostomy
- Type 1 Diabetes (less than 1 year)
- Eating Disorders
- Liver Disease
- Gall Bladder Disease
- Pancreatic Disease
- Chronic Kidney Disease
- Children younger than 9 years of age

I hereby confirm that I have read and understood and agree to all the terms and conditions of my membership as set out on the reverse of this form and as set out in Weigh-Less literature made available to me regarding the Weigh-Less Programme. I confirm that I will not hold Weigh-Less (Pty) Ltd or its employees responsible for any illness or adverse effects I may suffer while on the Weigh-Less Weight Management Programme.

Member's Signature:

Date:

For Group Leader to complete:

Member Number:

Group Code:

Join Date:

Formula:

Energy level:

Profile:

Member Type:

Fee Type:

Goal Weight:

GROUP LEADER NAME:

EN:

If member has a personal or medical goal weight above the Weigh-Less goal weight range, please indicate this weight here