



WEIGH-LESS ONLINE ENROLMENT FORM

MEMBER PERSONAL INFORMATION

Please indicate if this is an update form: Yes:

No:

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

Are you a new Member: Rejoin member: If rejoin, please state previous Member No.: Current member No.:

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: Gender:

Preferred name: Date of birth: Age:

Please indicate your preferred methods of communication SMS Email Whatsapp

Email:

Contact No.: Cell:

Home address: No. Complex / Flat Name:

Street address:

Suburb: Town:

Province: Postal code:

Postal address: (If different to home address):

Suburb: Town:

Occupation:

Employer Name:

Full Time Student: Student No: Institution:

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 ?

Medical Aid: Medical Aid No.:

Medical Aid scheme:

Principal Number

Which type of a group would you like to join? Online Venue

If yes, please advise preferred: Suburb Day: Time

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

DIETARY SCREENING

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

YOUR ENERGY NEEDS

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

	Activity 1	Activity 2	Activity
Age	19-34	35-54	Older than 54
How active are you	Active. More than 60 minutes of moderate to intense physical activity most days of the week.	Moderately active. 30 - 60 minutes of moderate to intense activity less than 3 times a week.	Inactive - No formal activity.
Total amount of weight to lose	More than 20kg	10-20kg	Less than 10kg
Total:			

YOUR FORMULA

Are you a Type 1 diabetic for more than 5 years: Yes No Are you a Type 2 diabetic: Yes No

Are you lactose intolerant or allergic to dairy? Yes: No:

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

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

FORMULA CATEGORY

If you have any of these conditions, please tick the columns from the formula category with a "YES"

	BASIC	CC	PP
Have you been diagnosed with Type 1, Type 2 or Gestational diabetes?	NO	YES	YES
Have you ever been diagnosed with insulin resistance, hyperinsulinemia, pre-diabetes, PCOS (Polycystic Ovarian Syndrome) or glucose intolerance?	NO	YES	YES
Do you experience budget constraints?	YES	YES	NO
Are you a vegetarian or vegan?	YES	YES	NO
Do you have a history of gall bladder disease or stones?	YES	NO	YES
Do you suffer from constipation?	YES	NO (YES if members choose high fibre options)	NO (YES if members choose high fibre options)
Do you have high cholesterol concerns?	YES	NO (YES if members choose heart smart options)	NO (YES if members choose heart smart options)
Do you participate in regular intense strength training activity?	NO	NO	YES
TOTAL NUMBER OF YES ANSWERS PER COLUMN			

Intervention

Formula





WEIGH-LESS ONLINE ENROLMENT FORM

WELLNESS INDICATORS (If available)

Cholestrol

BLOOD PRESSURE

BLOOD SUGAR

Waist

What exercises are you currently doing? Walking: Running: Cycling: Group Training (Aerobic, Zumba etc): Swimming:

Weight Training: Yoga/Pilates: Other:

YOUR PROFILE

In the below table, indicate with a tick in either column A, B or C which statement best describes you:

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 inbetween	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: more than 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
Total:			

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.

I/we understand that this amount is subjected to change based on Weigh-Less SA (Pty) Ltd's fees structure and hereby authorise any adjustment if necessary. All membership fees are payable in advance. All such withdrawals from my/our bank account or credit card debits shall be treated as though they were signed by me/us personally.

I/We agree to pay bank charges relating to this debit order instruction. The authority may be cancelled by me/us by giving Weigh-Less SA (Pty) Ltd, 30 days notice in writing, sent by prepaid registration post to P/Bag X7022, Hillcrest 3650 or fax to 031 765 1640 or e-mail us on membership@weighless.co.za.

Please note all cancellations must be sent via these methods. Group Leaders may not accept cancellations directly.

I/We understand Weigh-Less SA (Pty) Ltd may change the specified debit order date due to public holidays and weekends.

Signed at on this: day of: 20

SIGNATURE USED FOR SIGNING 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. Membership fees are not refundable. Weigh-Less SA (Pty) Ltd, it's 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'
- Bariatric Surgery
- Children younger than 9 years of age

Cancellation to debit order payments: The authority may be cancelled by the member giving Weigh-Less SA (Pty) Ltd 30 days' notice in writing to Weigh-Less Head Office via e-mail to membership@weighless.co.za. Debit order cancellation via text or WhatsApp messages cannot be accepted. Group Leaders may not accept cancellations directly.

I hereby confirm that I have read and understood and agree to all the terms and conditions of my membership as set out in this document and published on the website www.weighless.co.za. 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:

GROUP LEADER TO COMPLETE

Member Number: Group Code: Join Date:

Member Type: Fee Type: Contract:

Formula Category: Formula Energy Levels: Profile:

Height: Shoe Size: Weigh-Less Goal Weight: kg

If member has chosen a medica or personal goal weight, please state their chosen goal weight kg Medical Personal:

Group no.:

Group Leader: Group Leader Signature:

Group Assistant: Group Assistant Signature:

** Formula Category: Choose from: Basic (B), Carb Control (C), or Protein Pack (PP)

* Formula: Choose from: Stardard, Vegetarian, Dairy Free, Pregnancy, Breastfeeding, Teens & Tweens