

Referral Form

Wellbeing with Nature



Referral Type (please tick):	Self Referral		Agency Referral	
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Location The Roundhouse, Hartcliffe	<input type="checkbox"/>	Strawberry Lane Community Garden, Barton Hill	<input type="checkbox"/>
Please tick Grow Wilder, Stapleton/Frenchay	<input type="checkbox"/>	Nightingale Valley, Brislington	<input type="checkbox"/>

Applicant's name:	Gender (<i>please circle</i>): Male / Female / Transgender					
Address:	Ethnicity:					
	Date of birth:					
	Phone Number:					
	Mobile Number:					
Postcode:	Email address:					
Preferred way to contact (<i>please tick</i>)	Letter	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
	If phone, can we leave a message? (<i>please tick</i>)			Yes	<input type="checkbox"/>	No
Name and number of next of kin in case of an emergency:						

The wellbeing programme is aimed mainly at helping individuals with these experiences:

- Mild to moderate depression and/or anxiety
- Persistent stress, low self-esteem and low confidence

Please indicate the nature of the mental health difficulty by ticking any that apply:

Anxiety	<input type="checkbox"/>	Stress	<input type="checkbox"/>	Low mood	<input type="checkbox"/>
Depression	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other please state					

Please let us know of any medical conditions, allergies, learning disability, mobility, sight, hearing, substance issues, or anything else you think may be relevant which could affect your ability to do physical activities or work in a group, so we may ensure your safety and wellbeing.

Please tick if you would like to discuss this further

1) Applicants consent

Please complete the consent and endorsement section below.

I agree for the information on this form to be shared with the Wellbeing team. Although The Wellbeing programme staff have experience of working with adults at risk they are not clinically trained. I understand that if I have any existing medical problems or plan to make significant lifestyle changes, that I am advised to consult my doctor. If there are any changes to my health, I will notify the Wellbeing Project team at the earliest opportunity.

Signature:.....Date:..... Print name:.....

2) Referrer Details

Referrer Name:	Position:
Referrer organization:	
Phone number:	Email:
Address	

I can confirm that to the best of my knowledge the information on this form is an accurate representation of this applicant’s health status and I therefore have no objection to the applicant joining the Wellbeing Programme. I understand this is a non-clinical intervention.

Referrer's/Endorsers signature:..... Date:.....

Confidentiality and data Protection: Avon Wildlife Trust (AWT) follows a secure system for holding information (Data Protection Act, 1998). Personal information collected at registration will be recorded both electronically and in paper files. Clients are entitled to see any information kept about them, including information from a third party. AWT will not disclose information to an external person or agency except when agreed by a client or when the safety of a client and/or others is at risk.

Please return the completed form marked Confidential to:

wellbeingteam@avonwildlifetrust.org.uk

For more information call Kelly 07458 091427 or email wellbeingteam@avonwildlifetrust.org.uk