

Self-Referral Form

Thank you for your interest in Green Health Thames Valley. This application form requests information to make your involvement in the project beneficial and safe.

1. Contact details

Name:	
Address:	
Email Address:	
Telephone:	Mobile:
Date of birth	
Who is your housing provider?	

2. Nature of mental health challenges. It would be very helpful to know your main diagnosis, any admissions to hospital for mental health, or self-harm. The more we know about your condition the better we can support you.

3. Nature and treatment of any significant physical health challenges. Please indicate any details of any allergies, joint problems, major back issues, mobility problems, epilepsy, dyspraxia, asthma, diabetes etc.

4. Do you know the date of any tetanus booster vaccination?

5. Do you have any learning or development difficulties/disabilities? Y/N

If yes please give details below.

6. Do you have any criminal convictions – spent or otherwise? If yes please provide details

7. Do you have any current substance misuse issues – including Alcohol? If yes please provide details

8. How do you hope you will benefit from gardening with us?

9. Preferred day and session of attendance. Please tick your preferred sessions

	Morning 10-12	Afternoon 2-4
Tuesday		
Thursday		

Sessions take place at The Well Centre, Dawlish Road, Whitley RG2 7SD

As part of the project we would like to take photographs and video for promotional material. We will also be asking participants to provide case studies – all are optional.

We are required by our funders to complete project evaluations. All participants will be required to complete a brief questionnaire at the start of the project and again at the end of the project.

Please delete/circle as appropriate to indicate your consent below:

I consent to be photographed. Y/N

I consent to being filmed. Y/N

I am happy to take part in case studies. Y/N

I am happy to complete evaluation questionnaires. Y/N

I confirm that all details provided here are true and correct.

Signed _____

Date _____

Data Protection

Information given on this form is personal data and is only used by Green Health Thames Valley to for the purposes of assessing your suitability for our project. If you do join us your data will be kept securely for as long as you are a client of ours. If you chose not to join us this information will be destroyed immediately.

Please email the completed form to: info@greenhealththamesvalley.org.uk