



Wellbeing Project – Referral – All 2gether at Phoenix in Matson, Robinswood & White City

Part A – Consent *(to be completed by referred person)*

Name: _____ **GP Practice:** _____

Gender: _____ **DOB:** _____

NHS Number: _____

ANY OTHER AGENCIES INVOLVED? **Yes/No**

IF YES (Please List)

I consent to participation in the Community Wellbeing Project. I consent to the release of relevant personal information about myself by the Community Wellbeing Project to relevant local support agencies (e.g. memory clubs, lunch clubs, community transport groups) to whom I am referred/signposted. I understand this information will be treated as confidential (although it may be used in anonymous form for statistical or research purposes). I understand that I have (i) the right to change my mind about being referred to the service and to withdraw consent and (ii) right of access to my information. I give permission for my GP (and referrer where different) to be kept informed of my progress.

[GLCommunitiesPrivacyNotice.docx](#)

Client Signature:

(Verbal consent from the client is acceptable)

Date: _____

Address: _____

Telephone: _____

Email (optional): _____

Part B – Referral Information *(to be completed by referrer)*

Support required in relation to (mark with an 'X' as many boxes as apply):

Mental Health and Wellbeing	<input type="checkbox"/>	Housing / Environment	<input type="checkbox"/>
Social Isolation	<input type="checkbox"/>	Long Term Health Conditions	<input type="checkbox"/>
General Health and Fitness	<input type="checkbox"/>	Debt / Finance	<input type="checkbox"/>
Other (please state)	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

Part C – Referrer (Including Address & Contact Number)

Referrer Name: _____

Address: _____

Date: _____

Please provide any further information which may be taken into account when recommending the individual to an appropriate local support agency.

Instructions for referrer:

To discuss further please contact Steve Long, Wellbeing Project Co-ordinator, The Trinity Centre, Norbury Avenue, Matson, Gloucester, GL4 6AG on (M) – 07398 311347 or 01452-505544. E-mail address – steve.long@glcommunities.org.uk

<u>Identifier Number:</u> <i>(to be completed by coordinator)</i>	
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