**Get Set to Go referral form example**

| **Short programme description** |
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| **Who is the programme designed for?**  Include information on: target age range, target community (if applicable), the challenges the client faces you will address (e.g. social isolation, lack of confidence), the support and resources you can provide, the settings in which activities take place, e.g. leisure centres, parks, schools etc. |
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To ensure the service meets the needs of your client, please consider the following questions before making the referral. Please note that we will not be able to accept referrals that have incomplete information.

* Is the client ready to engage with the project?
* Do other issues need to be addressed first?
* Does the client have the time to engage with the project?
* If the client has physical health issues, please provide any relevant details that may impact their ability to engage in physical activity.
* Does the client need any additional support to engage with sessions?
* Are there any safeguarding issues of which we should be aware?

| **Client information** | |
| --- | --- |
| **Full name** |  |
| **Date of birth** |  |
| **Home address** |  |
| **Postcode** |  |
| **Telephone number(s)** |  |
| **Email** |  |
| **GP name** |  |
| **GP address** |  |
| **Emergency contact details** |  |

| **General** |
| --- |
| Why would the client like to attend? Is there anything they would like to get out of engaging with the programme? |
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| **Physical activity and sport** |
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| What activities or sports is the client interested in? |
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| Does the client require any additional support to attend the sessions? |
|  |

| **Health** |
| --- |
| Please give a description and history of the client’s mental health |
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| Are there any known physical health issues? If so, please give details on how they might impact on the person’s ability to engage with the programme. |
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| **Health (continued)** |
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| Is the client prescribed any medication? If so, please give details on how they might impact on the person’s ability to engage with the programme. |
|  |

| **Safeguarding** |
| --- |
| Is there a known risk to self or others? If so, please provide relevant information. |
|  |

| **Referrer details** | |
| --- | --- |
| **Name** |  |
| **Organisation/Department** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number(s)** |  |
| **Email** |  |
| By submitting this application, I affirm that the facts set forth in it are true, complete and without any false statements, omissions, or other misrepresentations. | |
| **Name (printed)** |  |
| **Signature** |  |
| **Date** |  |

| **Referrer** |
| --- |
| Would you like us to contact the client direct or would you, as the referrer, like to be involved in the first meeting? |
|  |

Thank you for completing this referral form and for your interest in [insert project name].

Please return this form to:

Name:

Address:

Tel:

Email:

Website: