

Active for Life

Buddy Programme Referral Form

Personal Details

Name: _____

Date of Birth: _____ / _____ / _____

Address: _____

Postcode: _____

Contact Number: _____

Ethnic Origin: _____

Gender: Male Female

Emergency Contact

In an emergency please contact: Name: _____

Number: _____ Relationship: _____

Professionals Details

We must have your permission to talk to a professional supporting you with your mental health, eg GP, CPN, Keyworker etc. This is so we can ensure you are eligible and make sure we provide you with the right support.

Name of professional: _____

Job Title: _____ Contact Number: _____

Do we have your permission to share information with this person?

YES NO

GP Surgery Name: _____

Do you have any health conditions (including allergies) you feel we should know about which might effect you taking part in buddying?

General Information

Who referred you to the Active for Life Buddy Programme?

How did you hear about Active for Life?

Which best describes your situation:

Retired Seeking Work Further Education
Full Time Looking after Home or Family Employed
Self Employed Other please state: _____

I understand that I am taking part in activities at my own risk. Plymouth Guild assumes no liability for persons who undertake physical activity. This information will be held by Plymouth Guild in a locked filing cabinet and will be destroyed after three years.

No personal details on this form will be passed to any other organisations. Anonymous information in this form will be used by Westbank in summary monitoring and evaluation reports to enable us to be accountable to our funders.

Please tick the box if you would like Active for Life to let you know about future events

Please tick the box if you are happy for any photographs taken to be used to promote Active for Life e.g. in leaflets, on the website etc.

I understand and accept this statement

Signed _____

Date _____

