**Creative Arts for Wellbeing: Referral Form**

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| **Referral Organisation** | |  | | | |
| **Name of referrer** | |  | | | |
| **Contact email/phone number for referral organisation** | |  | | | |
| **Participant name** | |  | | | |
| **Participant date of birth** | |  | | | |
| **Participant main contact number** | |  | | | |
| **Participant main contact email address** | |  | | | |
| **Participant home address.**  First half of post code required for reporting purposes  (please provide in full if communication is preferred by post) | |  | | | |
| **Please highlight the way the participant would prefer to be contacted about this project** | By phone | | By post | By email | By meeting arranged through the referrer |
| **Please comment on why you are referring the participant to this project:** | | | | | |

We ask that any professional working to support adults (18-25 years) who are struggling with their mental health fills in this referral form with the named adult.

When completed, please return this form to **getinvolved@cornexchangenew.co.uk**