

Sunshine and Showers

Managed by: Hart Voluntary Action

Civic Offices

Harlington Way

Fleet

Hampshire

GU51 4AE

**Client ref no (office use only) ……………………………**

**Referral Form**

Please complete the form below and either email to [sunshineandshowers@hartvolaction.org.uk](mailto:sunshineandshowers@hartvolaction.org.uk) or post to the address above marked Confidential FAO Counselling Services Manager. If you would prefer to talk to someone then please call 01252 815652 and we can complete the form for you.

|  |  |
| --- | --- |
| **Date of referral:** |  |

**Client Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnic Identity:** |  |
| **Address:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Where did you hear about Sunshine and Showers?** |  |

**Details of GP:**

|  |  |
| --- | --- |
| **GP Name:** |  |
| **GP Address:** |  |
| **Is the GP aware of this referral?** | **Yes/No (please delete as appropriate)** |

**Availability:** (We currently have a Tuesday and a Wednesday evening group running from 19:00 until 20:00 and a Tuesday daytime group running from 13:30 until 15:00).

|  |  |
| --- | --- |
| **Please advise us which day/time you would prefer to attend:** |  |

**Mental Health:**

|  |  |
| --- | --- |
| **Have you received any mental health diagnosis?** | **Yes/No (please delete as appropriate)** |
| If yes please give details below | |

**General Health:**

|  |  |
| --- | --- |
| **Are there any health issues that we need to be aware of?** | **Yes/No (please delete as appropriate)** |
| If yes please give details below | |

**Reason for referral:**

|  |
| --- |
| **Why would you like to attend a Sunshine and Showers group?** |
|  |
| **What are you hoping to gain from Sunshine and Showers?** |
|  |

As a member of a Sunshine and Showers group you will be expected to follow a few simple ground rules. These are outlined in our Information Leaflet (available on the Hart Voluntary Action Website or please request a copy from the office). If you do not follow the ground rules then you may be asked to leave the group.

When you first join the group the facilitator will discuss with you the suitability of the group for your needs and what you are hoping to gain from the group. You will decide together whether the group is suitable for you and this can be reviewed together on a regular basis.

Please sign to confirm that you accept these conditions

Sign …………………………………………………………… Date …………………………………………………….

Version 1.0