**Referral to the Community Garden** 

|  |  |  |
| --- | --- | --- |
| **Referrer’s Information** | | |
| Professional Referral  Yes / No | Family Member Referral  Yes / No | Friend Referral  Yes / No |
| Full name |  | |
| Organisation |  | |
| Telephone number |  | |
| Email address |  | |
| Referral date |  | |

\*By completing this form you are confirming you have had consent to do so by the person you are referring

|  |  |
| --- | --- |
| **Details of Person being Referred** | |
| Full name |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Date of birth |  |
| Gender |  |
| Ethnicity |  |
| **Emergency Contact Details** | |
| Full name |  |
| Telephone number |  |
| Relationship | i.e. friend, family member, support worker |
| **Support and Risk** | |
| Does this person have any support needs?  If so, please detail |  |
| Does this person pose any risk to others?  If so, please detail |  |
| **Other Information** | |
| Name of GP and Surgery |  |
| Why is the person interested in getting involved in the community garden, what activity would they like to do and what do they hope to get out of it? |  |

\*Please note we are not able to accept referrals for individuals still in active addiction

\*All information provided on this form will be kept securely within Minding the Garden and will not be passed on to any third party without permission, unless there is a concern for the safety of the person or someone that they know (please see HVA’s privacy notice for further information).