Wiltshire Wildlife Trust

A future where wildlife and people flourish in harmony

Swindon Community Wellbeing Referral Form

A. Participant's personal details

Forename:	Surname:
Date of birth:	Gender:
Address and postcode:	
Telephone number:	Mobile number:
Email:	
Please explain why you would like to take part in the Swindon Community Wellbeing Programme:	
Please tell us what support service/s you currently use (mental health services/social services/supported housing/etc.):	
Where did you hear about this programme?	

B. Referral details

Please tick this box if this is a self-referral: ☐ **(please fill in sections C and D and sign section E)** Please tick this box if you are referring an applicant: ☐ **(please complete the section below, and then sections C and D if filling form on behalf of applicant. If filling on behalf of applicant, please ensure they are happy with all information given before submitting. Applicant needs to sign section E).**	
Referrer's name:	Relationship to applicant:
Organisation:	
Address and postcode:	
Telephone number:	Email:
☐ I confirm I am aware of the applicant's medical and health information and that to the best of my knowledge this form is an accurate representation of this applicant's health status. I therefore have no objections to the applicant joining the Wellbeing Programme.	
Referrer's signature:	Date:

Wiltshire Wildlife Trust Ltd, Elm Tree Court,
Long Street, Devizes SN10 1NJ
Charity No. 266202 info@wiltshirewildlife.org
www.wiltshirewildlife.org
facebook.com/WiltsWild

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C. Participant's medical and health information

The Wellbeing Programme involves physical activity, sometimes in remote locations. Please list the nature of your mental and physical health conditions, including substance misuse and learning difficulties:

Health condition (e.g. depression/anxiety/ diabetes/ mobility issues/IBS/etc.)	Less than 1 year	More than 1 year, less than 5 years	More than 5 years

Please describe any additional support you need to enable your participation in the programme (including 1-2-1 support if needed):

Do you have any allergies: Yes ☐ No ☐ If yes, please state:

Do you have a recent care plan (in the last 3 months): Yes ☐ No ☐	Do you have a recent risk assessment (in the last 3 months)? Yes ☐ No ☐

Please provide details of any relevant medication you are taking:

Please note: Wellbeing Programme staff are not clinically trained and cannot administer any medication. The participant is responsible at all times for their medication. We reserve the right to refuse attendance if there are any signs that any necessary medication has not been brought to the activity day or taken as prescribed. This is to ensure there is no unnecessary risk to anyone.

GP's name:	GP's telephone number:
GP's surgery and address:	

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D. Participant's risk screen

Please answer the following questions:

	Yes	No
Have you been detained in the last three months under the provision of the Mental Health Act?		
Have you been subject to an assessment under the Mental Capacity Act?		
Do you have a history of drug and/or alcohol misuse in the last 5 years?		
Do you have a history of offending behaviour (e.g. theft, arson, aggression)?		

Do you consider any of the following could be a risk?

Risk of deliberate self-injury		
Risk of serious accidental self-injury		
Risk of suicide		
Risk of self-neglect		
Risk of harm to others (aggression)		
Risk of arson or fire-setting		
Other		

If you have answered YES to any of the questions please can you provide some more information below: *(continue overleaf if necessary)*

Optional question – if happy to reply, please provide details below.
Are there any current life circumstances that affect your wellbeing or ability to take part? (For example: caring responsibilities, financial pressures, health issues, gambling concerns, or other personal challenges.)

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E. Participant's consent

- I agree to information on this form being passed to the Wellbeing Programme.
- I agree to the Wellbeing Programme staff contacting my GP, referrer or other health professional to clarify any issues on this form, and if necessary to inform them of my participation on the programme, and in the event of any health, safety or wellbeing issues which may arise whilst participating on the programme.
- I understand that if I have any existing medical conditions or plan to make significant lifestyle changes, that I am advised to consult my doctor. If there are any changes to my health, I will notify Wellbeing Programme staff.
- I agree to any relevant information on my wellbeing and participation whilst on the Wellbeing Programme, including information gathered from evaluation forms whilst on the programme, being used for evaluation and monitoring purposes of the programme. Data for these purposes is anonymised.
- I agree to my information being stored electronically (in accordance with the Data Protection Act 2018).
- Wiltshire Wildlife Trust follows data protection legislation: personal data shall be processed fairly and lawfully; data is processed only for the purpose(s) for which it was collected; data is adequate, relevant and not excessive; data is accurate and kept up-to-date; data is not kept longer than necessary; data is kept secure against unauthorised access and loss or damage. In addition, we will never sell or share your details with third parties.
- If you are a participant on the Wellbeing Programme, the Trust has a legal and legitimate interest in keeping your personal data. This ensures that we can contact you, take account of your health and safety and any medical/disability issues and record your volunteering/activity. By signing this form, you are confirming that you understand that your details will be kept on the Wiltshire Wildlife Trust database in accordance with the above data protection statement.

Participant's signature:	**Date:**

Please return the completed form to the Wellbeing Team at Wiltshire Wildlife Trust, Elm Tree Court, Long Street, Devizes SN10 1NJ. If for any reason you have any problems completing this form please contact the Wellbeing Team admin on 07849 090 862 or email wellbeing@wiltshirewildlife.org.

Updated 13.07.26 v4; previous version 27.04.26 v3