

Blue Prescribing referral form

This form is intended for both self-referral and referral by someone working alongside a potential participant. If you are completing this form on behalf of someone else, please ensure the information provided is in relation to the participant attending.

All information you give is confidential and intended solely for the Wildfowl and Wetlands Trust.

Contact details of participant

Name

Date of birth

Email

Phone number

Address

Preferred method of contact

Referrer (if applicable)

Name

Organisation

Email

Phone number

Reason for referral

Details of any supporting agencies (if applicable) e.g support / key worker

Name

Organisation

Email

Phone number

Permission for us to contact this person?

Yes

No

Emergency contact details

Name

Relationship

Phone number

Employment

What is your employment status?

Details (if other)

Health

Do you consider yourself to be affected by mental or emotional ill health?

Yes

No

Do you consider yourself to have a learning disability?

Yes

No

Do you consider yourself to have any physical health issues or medical conditions (e.g ASD, Asthma, Allergies)

Yes

No

Is there anything else that we should be aware of to make sure everyone is safe and happy during these sessions?

Yes

No

If you answered yes to any of the above please provide us with some details

Additional information

What are your hopes for the course and why are you interested in it?

If there is anything else you feel we should know about to make your time with us more enjoyable, e.g. support needs, large print documents, help with form filling etc?

Please also indicate if transport is needed

Yes

No

Equal opportunities

Please describe your ethnicity (e.g. African or White and Asian)

Please describe your gender (e.g. Male or Female, Non-binary)

Please describe your sexual orientation (e.g. Heterosexual or lesbian)

Is there anything else about your background you want us to know?

Photo consent

Do you give The Wildfowl and Wetlands Trust permission to take photographs or videos of you with the intention to use in publicity materials, social media sites, website, reporting to funders, newspapers and magazine articles? Images will not be given to third parties.

Yes

No

Declaration

By signing this form, I declare that the statements made, and information given in this document are true and to the best of my knowledge and belief.

You can access WWT's privacy policy [here](#).

We are required by our funders to gather information about the people who use our services. We will not share your information with third parties other than those you have agreed to. We use and store any information that you give us in accordance with the Data Protection Act 2018.

Information you provide will be anonymised before being used in monitoring and evaluation reports for our current funders and to support funding applications. Your data will be held until April 2022. Further details on our data protection and information sharing policies are available from The Wildfowl and Wetlands Trust.

If you have any queries about the data we hold, please do get in touch at: blueprescriptions@wwt.org.uk.

Signature

Name

Date