

ACTIVITY REFERRAL FORM	
<b>Activities interested in (please tick):</b>	<input type="checkbox"/> Art Group <input type="checkbox"/> Creative Hub <input type="checkbox"/> Digital Art  <input type="checkbox"/> Woodland Group <input type="checkbox"/> My Generation <input type="checkbox"/> Gardening  <input type="checkbox"/> Clwb Crefft
<b>Date:</b>	/ /

<b>Name:</b>		<b>Date of birth:</b>	/ /
<b>Address:</b>			
<b>Telephone number:</b>		<b>Email Address:</b>	
<b>Why would you like to attend our groups?</b>	<i>E.g. To socialise, to get myself out of the house, to add structure to my week etc.</i>		
If you'd like to be added to our mailing list to receive updates about upcoming activities please tick <input type="checkbox"/>			
<b>Emergency contact:</b>		<b>Relation to you:</b>	
		<b>Telephone Number:</b>	
<b>Do you have any medical conditions or medication that we need to be aware of?</b>	Please give details:		
<b>Do you have any accessibility conditions that we need to be aware of?</b>	Please give details:		
<b>Are you supported by any other agencies?</b>	Please give details:		
<b>What is your preferred language?</b>	<input type="checkbox"/> English <input type="checkbox"/> Cymraeg		

**RISK ASSESSMENT**

***\*Please provide details if any of the following risks are applicable\****

***NB: This risk assessment is purely to keep you and others safe – answering ‘yes’ to any of the following questions will not necessarily exclude you from our services.***

Do you have any history of or current risk of self-neglect, self-harm or suicide?

Do you feel you can be aggressive or violent? Do you have any convictions? Please give details:

Have you experienced any alcohol and/or substance (illegal or prescribed) misuse?

Do you feel you are at risk from health issues? (including mental health problems, physical disability or learning disability) Please give details:

Do you feel that you are vulnerable to exploitation from others?

Have you experienced or are you currently experiencing any domestic abuse?

Do you feel that your behaviour could present a risk to yourself or other people? Please give details:

Is there anything else that you think we should be aware of?

## EQUAL OPPORTUNITIES MONITORING

We are committed to equal opportunities in the services we provide and in order to find out how well we are doing with this we need to collect monitoring data. This is voluntary but the information is very useful to us to ensure our services are inclusive and to ensure we provide support to individuals from diverse backgrounds. The information you provide on this form will be kept confidentially.

### Your age

- 16 - 24     25 - 34     35 - 44     45 - 54     55 - 64     65+
- Prefer not to say

### Your ethnic origin

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

#### Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Asian / Asian British  
 Bangladeshi  
 Chinese  
 Indian  
 Pakistani  
 Other Asian background (specify if you wish):

#### Black, Black British, Black English, Black Scottish, or Black Welsh

- African  
 Caribbean  
 Other Black background (specify if you wish):

Other ethnic group

- Arab  
 Other ethnic group (specify if you wish):

#### White

- British  
 English  
 Gypsy or Irish Traveller  
 Irish  
 Scottish  
 Welsh  
 Other White background (specify if you wish):

#### Mixed

- White and Asian  
 White and Black African  
 White and Black Caribbean  
 White and Chinese  
 Other mixed background (specify if you wish):  
Prefer not to say

### Your gender

- Male                       Female                       Prefer not to say

Have you ever identified as transgender?

- Yes                       No                       Prefer not to say

