|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Details:** | | | |
| Name: |  | | Date of Birth: |
| Address: |  | | Postcode: |
| Home Phone: |  | Mobile: |  |
| Email: |  | | |
| Preferred Contact Method:  Home phone  Mobile  Email | | | |
| Gender: |  | | |
| Preferred Pronouns:  He/him  She/her  They/them  Self-describe (please state) - | | | |

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| --- | --- | --- | --- |
| **Referrer Details:** | | | |
| Name: |  | | Organisation: |
| Phone: |  | Mobile: |  |
| Email: |  | | |

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| **How did you hear about St Nicks?** |
|  |
| **Reason for referral to Ecotherapy? What could Ecotherapy provide?** |
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| **What kinds of activities / groups would you like to join? (Visit our** [**website**](https://stnicks.org.uk/get-inspired/our-projects/ecotherapy-at-st-nicks/) **for more information).**  All of our activities have a common theme of ‘nature connection’. Tick all that apply. | | |
| Getting active | Gardening | Wildlife conservation |
| Writing / poetry | Bushcraft | Getting creative |

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| **Participant’s Emergency Contact Information: who can we call in an emergency?** | | | |
| Name: |  | Relationship: |  |
| Address:  Postcode: |  | Contact No(s): |  |

|  |  |
| --- | --- |
| **Other Emergency Contact Information:** | |
| **GP:** | **Care-coordinator / CPN:** |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| Email: | Email: |
| **Social Worker / OT:** | **Other:** |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| Email: | Email: |

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| --- | --- |
| **Please provide the following information to help us tailor our support effectively:** | |
| Does the participant have: | |
| * Disability / long term health condition(s) * Mental Ill-health * Neurodiversity | Yes  No  Unknown  Yes  No  Unknown  Yes  No  Unknown |
| If you have selected yes to any of the above please provide additional details: | |

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| Please list any other services / organisations providing support (names and contact details where possible): |
| Does the participant have any social and/or communication needs?  Yes  No  Unknown  Please provide details: |
| Please provide details of any known risk / safeguarding considerations relating to the participant that St Nicks should be aware of: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Protection and Privacy Notice:** | | | |
| **Signed:** |  | **Date:** |  |
| Personal details will be securely stored by St Nicks in line with our Data Protection Policy and in compliance with the General Data Protection Regulations outlined in our [Privacy Notice](https://stnicks.org.uk/privacy-notice/)  St Nicks reserves the right to share participant details with partner organisations and, in the case of an emergency, with their GP and appropriate care professionals in the interest of participant health and safety. We will share details anonymously with our funder. We will aim to renew this consent after 2 years unless instructed otherwise.  St Nicks is a charity registered as Friends of St Nicholas Fields, no. 1153739. | | | |

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| Please complete all sections of this form, then return to the Ecotherapy Team at:  St Nicks Environment Centre, Rawdon Avenue, York, YO10 3FW  or by email to [ecotherapy@stnicks.org.uk](mailto:ecotherapy@stnicks.org.uk) |