

Participant ID: for office purposes only

Arts on Referral

Please complete and return this reply slip to donna.baber@nbt.nhs.uk

1. Referring Department

Which department or organisation have you been referred by (please tick)

- Macmillan Cancer Wellbeing Centre
- Referred by other organisation: please specify _____

Name of person who referred you: _____

2. Dates of Programmes

All programmes run from 10am – 12noon. Places are offered on a first come first served basis. If a programme is full we will try to offer you the next available set of dates. In order to get maximum benefit from the programme, please only indicate dates where you know you will be able to attend at least 5 of the 6 dates. All programmes will be delivered via Zoom. Please indicate which programme(s) dates you would like to attend:

- Programme 1: Monday 8 June – Monday 13 July 2020
- Programme 2: Monday 4 January – Monday 8 February 2021
- Programme 3: Thursday 25 February – Thursday 1 April 2021

3. Participant Details

Name _____

Date of Birth _____

Gender _____

Address _____

Home Phone number _____

Mobile number _____

Email Address _____

Preferred contact method _____

Preferred contact time (please circle): daytime / evenings / weekends / anytime

4. Access Needs

Do you have any special needs / disabilities or access requirements that we need to be aware of?

No Yes

PTO

.....
.....
Are you a wheelchair user?

No Yes

Do you have access to Zoom?

No Yes

In order to help us to give you the best possible experience of the group, please let us know:

Have you experienced suicidal thoughts?

No Yes

If yes, how recently have you had these thoughts?

.....
How acute have these thoughts been?

.....
Have you discussed this with anyone? Do you have support in place to manage these feelings?

.....
Do you give permission for us to contact your GP should we be concerned about your welfare?

No Yes

5. Participant Consent

I have read the information in the Arts on Referral invitation letter and *I would like to **be contacted** by a member of the Arts on Referral team so that I can get more information about the project. I understand that my email address and / or phone numbers provided may be given to the artist who will contact me about the project.*

If I choose to participate, I understand that this project is being evaluated and that my personal details will be treated as confidential, although they may be used anonymously for statistical purposes. I understand that North Bristol NHS Trust abides by data protection safeguards and while I am being referred to the project, I may be contacted by Fresh Arts by mobile phone to send text reminders about sessions, or for any other relevant reason.

I understand that Fresh Arts may inform the person who referred me to the Arts on Referral programme to let them know if I attended the project and any activities which I may be referred on to at the end of the six-week programme.

I understand that I can withdraw my consent at any time without detriment to my continued care.

Name of Patient _____

Signature _____

Date _____

Return this form by email to: donna.baber@nbt.nhs.uk