**Champions for Change– Manchester YMCA Social Prescribing Project 2024**

**Referral Form**

*Please be aware that as places are limited, they may have already been taken up for a quarterly cohort, however people will go onto a waiting list. A place may become available if someone does not continue with their programme. If you have a query about this, please email using the address given below.*

**Date of Referral**:



|  |
| --- |
| **Client Details** |
| **Full Name**    |
| **Home Address with Postcode**  |
| **Contact Number Mobile**  | **Contact Number Landline**  |
| **Email**  |  |
| **Date of Birth** | **Pronouns** |
| **BMI**  |  |
| **When they can be contacted by phone (preferred times**)  |
| **Client’s GP Details** |
| **GP Practice**  | **GP Name**  |
| **Address with post code**  |
| **Telephone**  | **Email** |
| **Any other GP detail** |

|  |
| --- |
| **Referrer details**  |
| **Full Name**  |  |
| **Job Title**  | **Organisation**  |
| **Contact Number Mobile** | **Contact Number Landline**  |
| **Email**  |
| **Days/hours when contactable** |

**Reason for referral**

**Eligibility criteria** Please tick

 Willing and ready to make a change

 Commitment to attend regularly

 Excess weight issues and /or  Poor mental health and wellbeing

 BMI 40 and under

*If the BMI is over 40, please check with us to see if we can take them as a client (use email given below)*

 GP approved for being safe to undertake physical activity

**Area of need** Please tick

 Weight management

 Improving mental health and wellbeing

 Healthy lifestyle

 Building confidence

**Please give further details on these, e.g., their need, what they hope to achieve.**



**Additional** **information**

**Please give as much information as possible**

 **Mental health problem(s)** Please tick and list details

 **Long term physical health condition(s)** Please tick and list details

**Support needs**

If your client has any support needs, we need to be aware of, please tick and give details



|  |  |  |
| --- | --- | --- |
| **Support need** | **Please** **tick** | **Details of support need** |
| Communication/information needs, e.g., dyslexia*Please note that we do not have the funding to provide an interpreter* |  |  |
| Mental health issues, e.g., being anxious in new places |  |  |
| Hearing impairment |  |  |
| Visual impairment |  |  |
| Speech impairment |  |  |
| Learning disability |  |  |
| Physical disability |  |  |
| Autistic Spectrum Disorder |  |  |
| Other |  |  |

Verbal consent obtained from client to pass their personal details and medical information to the Manchester YMCA Social Prescribing Project for the purpose of this referral

 Yes  No

Details will be held securely in compliance with the General Data Protection Regulation 2018

**Please password protect the completed referral form and return to Email: info@ymcamanchester.org.uk with the subject heading of: Champions for Change Referral. Please send the password in a separate email.**

**Date received at Manchester YMCA:**

