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| **Your 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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| **How did you hear about St Nicks?** | | |
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| **What difference do you hope Ecotherapy will make for you?** | | |
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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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| **Emergency Contact Information: who can we call in an emergency?** | | | |
| Name: |  | Relationship: |  |
| Address:  Postcode: |  | Contact No(s): |  |

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| --- | --- |
| **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 for you:** |
| If you consider yourself to have a disability, long term health condition, neurodiversity and/or mental health condition, please give a brief summary of your condition(s): |
| Please list any other organisations (names and contact details) providing any support for your physical and/or mental health: |
| If you have any social and/or communication needs, please give a brief summary: |
| Is there anything else you would like to tell us to help us tailor our support to you and to make our service a positive experience for you and the staff, volunteers and other participants around you? |

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| **St Nicks Updates:** |
| I would like to sign up to receive updates from St Nicks by email:  Yes  No |

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| **Data Protection and Privacy Notice:** | | | |
| I give my permission to be contacted using the details given above and for St Nicks to use the emergency contact details provided. | | | |
| **Signed:** |  | **Date:** |  |
| Please note that your 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 your details with partner organisations and, in the case of an emergency, with your GP and appropriate care professionals in the interest of participant health and safety. We will share your details anonymously with our funder. We will aim to renew this consent after 2 years unless you instruct us otherwise. St Nicks is a charity registered as Friends of St Nicholas Fields, no. 1153739. | | | |

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| Once complete, please return this referral form 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)  Upon receipt, we will get in touch to make an appointment to discuss the next steps for getting involved with the Ecotherapy programme. |