Date of referral:

## Participant details

Surname:

## Referrer details

\*if you are referring yourself, leave this section blank

Forename:

Surname:

Date of birth:

Address:

Post Code:

Forename:

Address:

Post Code:

Organisation/role:

Contact number:

Email address:

I consent to receiving text/phone calls/emails: YES / NO

Contact number:

Do you have any physical health problems that prevent you taking part in exercise? (e.g. heart complaints, joint problems, instruction from doctors not to exercise)

Are you currently taking medication for any physical or mental health problems? If so, please list what medication(s) and whether you have any additional needs due to your medication.

Is there anything else we may need to know to be able to support you?

\*Form continues on the next page

Please indicate which of the following activities you might be interested in (put an asterisk\* next to an activity to indicate interest)

# Thank you for completing the WOMENtalk referral form

# If you are referring on behalf of a participant, please ensure you have their consent for the referral. Preferably, this form will have been filled in with the participant present. **Please send the completed referral form to**:

jack.clemons@sbitc.org.uk

Please list any activities you enjoy or would be interested in trying out that are not mentioned above

Football Badminton Basketball Handball Bench ball Bowls

Dodgeball Football golf Crochet Boccia Zumba Cricket

Yoga Indoor Hockey Swedish longball Painting Dancing Tennis

Archery Drawing Table tennis Tag Rugby Curling Circuit training