

**The Snug Referral Form**

**Groups and activities for people experiencing mental health challenges, loneliness and isolation**

**Please complete all sections in full, and return it to Linda Cairns via email at lindamccairns@crestwf.org.uk or by post to the address at the end of this form.**

**You can find our more about The Snug at** [www.crestwf.org.uk](http://www.crestwf.org.uk)

|  |  |
| --- | --- |
| **First Name** | **Last Name** |
|  |  |

|  |
| --- |
| **Address** |
|  |

|  |  |
| --- | --- |
| **Telephone Number (Home)** |  |
| **Telephone Number (Work)** |  |
| **Mobile Number** |  |
| **E-mail Address** |  |
| **Date of Birth** |  |

|  |
| --- |
| **GP Details**  |
| **Name** |  |
| **Address** |  |
| **Phone Number** |  |

|  |
| --- |
| **What do you/your client hope to gain from attending The Snug?** |
|  |

|  |
| --- |
| **Please tell us about you/your clients current health conditions or any disabilities they may have:** |
|  |

|  |
| --- |
| **What are your/your client’s hobbies and interests?** |
|  |

|  |
| --- |
| **Trusted Person Contact Details** |
| **Name:** |
| **Relationship:** |
| **Contact Number:** |
| **Email Address:** |

|  |
| --- |
| **If this form has been completed by a Family Member/Friend or a Health or Social Care Professional, please provide the following information:** |
| **Name of Referrer:** |
| **Organisation/Family or Friend:** |
| **Address of Referrer:** |
| **Contact Number of Referrer:** |
| **Email Address of Referrer:** |

|  |
| --- |
| **Other Services (Are you/client involved with any support services or departments, please provide name and contact details of these organisations/services** |
|  |

**Personal Declaration**

**Declaration:**

**I confirm that the information is to the best of my knowledge, correct and complete. The information can be shared with CREST WF to help support an individual to join group activities.**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What You Need to Do Now**

**Once completed, please return this form to:**

* **E-mail: lindamccairns@crestwf.org.uk. Tel: 07881 017 368**
* **Or via post to: Linda Cairns The Snug at CREST WF c/o Harmony Hall 10 Truro Rd Walthamstow London E17 7B**
* **Or hand in in person at The Snug 4 Greenleaf Rd Walthamstow London E17 6QQ**

****