**Community Wellbeing Course Referral Form**

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| **Course details** |
| Course title |  |
| Start date |  |

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| **NEW QUALITY ENDORSED LEARNING CERTIFICATION FOR COMMUNITY WELLBEING COURSES**The Isbourne holds a Quality Endorsed Licence from awarding body Open College Network West Midlands, guaranteeing a high standard of teaching and learning. The Isbourne ensures that the course material is appropriate and delivered by the tutors in an accessible, interesting and informative way. We are delighted to be able to award certificates for clients attending Community Wellbeing courses from 2022. There are no assessments for these courses, however clients are required to attend at least three weeks of a four week course to receive a certificate on completion. |
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| **Client details** *(all required)* |
| Name | *Please type/print clearly the name you would like to be used on the certificate* |
| Address Including postcode | *Required for The Isbourne to post certificate on completion of the course* |
| Contact number | Mobile  | Home |
| Email |  |
| Date of Birth |  |
| Occupation  | Retired | In education | Employed part time | Employed full time | Unemployed | Other |
| Doctors Surgery |  |
| Emergency contact  | Name | Telephone |

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| **Reason for attending course** *(please tick all relevant)* |
| Reduce stress and/or anxiety | Support with mental health  | Improve sleep |
| Improve self-esteem and/or confidence  | Support to understand & connect with your own mind & body | Improve emotional stability |
| Socialising & meeting people |  Feeling more motivated | Other (please specify)… |

*Please continue overleaf…*

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| **Referrer details***(please circle)* | Referred by an organisation | Referred by an individual/professional | Self-referral |
| Organisation *(if applicable)* |  |
| Profession *(if individual)* |  |
| Referrer name |  |
| Telephone |  |
| Email |  |

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| **Client consent** |
| * I consent to participate in The Isbourne Community Wellbeing Course taught by an Isbourne affiliated tutor over 4 sessions in a group setting.
* I understand that there are limited places available on the course and I commit to attending all 4 sessions wherever possible and to inform The Isbourne if I cannot attend to enable the place to be offered to another individual.
* I consent to my personal data being held on The Isbourne’s administration database
* I consent to the release of relevant medical and personal information about myself to be shared between the referral organisation (or myself if self-referred) and The Isbourne outreach team.
* I understand that this project is being evaluated and my records will be used anonymously for statistical evaluation purposes.
* The Isbourne has a privacy policy in place to oversee the effective and secure handling, processing and storing of your personal data. The policy is available to view online: <https://www.isbourne.org/privacy-policy>
* I consent to a ‘Pets as Therapy’ (PAT) dog being present at some or all sessions of the course.
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| **Signed (by CLIENT): Date:**  |

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| **Referrer agreement** |
| * I have provided any further relevant information that The Isbourne may need to be aware of to ensure the safety and wellbeing of this client and all clients taking part in the course.
* I understand that The Isbourne is not clinically responsible for the referred client, and that by signing this form I confirm that the client has been risk assessed by me/their GP to be suitable to attend the group.
* I recommend the above client is suitable to attend a group activity and I understand that The Isbourne is a non-clinical intervention in a community setting.
* The safeguarding of outreach participants is of primary concern to The Isbourne. Our Safeguarding Policy is available to view online: <https://www.isbourne.org/safeguarding>
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| **Signed (by REFERRER): Date:** |

Please make your client aware that they will receive an automated email containing a temporary password when The Isbourne registers them on its administration database. If they choose to, this can be used to make their own bookings through [www.isbourne.org](http://www.isbourne.org) for any events, classes and courses they wish to attend.

**Please return this form to Bonnie Lloyd by email to** **bonnie@isbourne.org**