

Grow, Cook & Eat

Referral Form

Please read our Referral Guidelines before completing this referral form. If you feel Grow, Cook & Eat can support your client or patient, complete this form, providing as much information as possible and return by post or email as soon as possible.

Person being referred:

First Name:

Last Name:

Address:

Postcode:

Phone Number:

Email Address:

Date of Birth:

Referral being made by:

First Name:

Last Name:

Position:

Practice / Organisation:

Phone Number:

Email Address:

Would you like to be contacted once the referral has ended?: Yes No

Reason for this referral:

Mobility:

Independent

Walking Aid

Wheelchair

Language:

Health issues relevant to taking part in this programme*:

Please provide information about any health conditions, allergies etc. as well as any additional support required.

Signature of person making the referral:

I confirm that I have completed this form and provided information with full consent of the referee.

Signature:

Date:

Consent of person being referred:

I consent to The Kindling Trust being provided with the above personal information.

I agree to The Kindling Trust contacting me on the above number to arrange an induction.

Signature:

Date:

Privacy Notice**To the Referee.**

The information provided on this form will be used by The Kindling Trust in order to contact you about Grow, Cook & Eat in the ways you have requested, and to help keep you well and safe while you take part in the programme.

*We use any health information provided to ensure we can keep you safe whilst participating; this data is held and processed under the grounds of 'legitimate interest,' as set out by the General Data Protection Regulations 2018. By providing your information you consent to it being used in these ways.

We will never use this information to contact you for any other purpose without your consent, and we will never sell or swap this information with any third party.

To the referrer.

If we have concerns about the safety of the person you have referred while they are taking part, we will contact you to discuss these concerns. We seek permission from participants to do so during their induction. If other arrangements should be made, please let us know at the point of referral.

Please return this completed form by emailing it to Wellbeing@kindling.org.uk or post to: Corrina Low, The Kindling Trust, C/o Bridge 5 Mill, 22a Beswick Street, Manchester, M4 7HR.

If you have any questions about the programme or completing this form please email us or ring the Kindling Trust Office on 0161 818 8384