



Creative Mums Application Form

Personal Details

Name: Phone No:

Address: Date of birth:.....

..... Age:

..... Email:

Key Worker Name: Contact:

G.P:

What would you like to get out of the course?

Would you like to join the face-to-face or virtual group?

How did you find out about Arc?.....

Emergency Contact

Name: Number:

Date Signature

ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL

By signing this form you consent to Arc holding the personal information you have provided above. This will enable us to support you during your time on the programme. You can withdraw consent at any time. For more information, please refer to Arc's privacy notice on the website - **www.arc-centre.org**

Signed by:.....

Print Name:

Date:

Please email the completed referral to **referrals@arc-centre.org**

or by post to:

Referrals, Arts for Recovery in the Community, Hat Works, Wellington Mill, Stockport SK3 0EU