



## Arc Referral Form

Which group would the referred person like to attend:

Oldham

Stockport

Tameside

### Section 1 - Referred Person's Details

Name: ..... Phone No: .....

Address: ..... Date of birth: .....

..... Age: .....

..... Email: .....

..... Gender: .....

GP Practice ..... Support worker .....

Does the referred person have a care plan: Yes / No  
If Yes, please attach a copy of the Care Plan with this application

Mental Health Symptoms / Diagnosis:  
.....

Physical Health Diagnosis:  
.....

Please list any prescribed medication:  
.....

### Section 2 – Support needs

What would the referred person like to get out of the programme?  
.....  
.....

What other support services / groups is the referred person regularly involved with?

.....  
.....

Are there any known risks to the referred person or to others in the group we should be aware of? (eg. Addiction, self harm, non-compliance of medication, harm to others, inappropriate sexual behaviour)

.....  
.....  
.....

Please use this space for any additional comments that would be of help

.....  
.....

**All identified risks must be disclosed before any service is offered.**

**Section 3 - Referrer's Details**

Your Name: .....

Professional role: .....

Email address: .....

Your Agency: .....

Contact number: .....

Where did you hear about us ?  
.....

**Emergency Contact for the referred person**

Name: .....

Relationship to the referred person: .....

Mobile number: .....

**By signing this form you and the referred person consent to Arc holding the personal information detailed above. For more information, please refer to Arc's privacy notice on the website - [www.arc-centre.org](http://www.arc-centre.org)**

Signed by Referrer: .....

Print Name: .....

Signed by Referred person: .....

Print Name: .....

Date: .....

Please complete all sections above and e-mail the referral form and related information to:

[referrals@arc-centre.org](mailto:referrals@arc-centre.org)

or post to:

Referrals

Arts for Recovery in the Community

Hat Works, Wellington Mill, Stockport SK3 0EU

**All information on this form is strictly confidential**