



Arc Self Referral Form

Which group would you like to attend:

Oldham

Stockport

Tameside

Section 1 – Personal Details

Name:

Phone No:

Address:

Date of birth:

.....

Age:

.....

Email:

.....

Gender:

GP Practice

Support worker

Do you have:

Mental Health Symptoms / Diagnosis:

.....

Physical Health Diagnosis:

.....

Please list any prescribed medication:

.....

Section 2 – Support needs

What would you like to get out of the programme?

.....

.....

Are you supported by any other services / do you attend any other groups?

.....

.....
Do you have any specific needs or issues that may be a possible barrier in intending the programme?

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

Please use this space for any additional information about yourself that would be good for us to know.

.....
.....

How did you hear about us ?

.....

Emergency Contact

Name:

Relationship:

Mobile number:

By signing this form you consent to Arc holding the personal information detailed above (Note: you can opt out 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 complete all sections above and e-mail the referral form and related information to:

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