

Participant ID: for office purposes only

**Arts on Referral**

**Please complete and return this reply slip to jennifer.mills@nbt.nhs.uk**

1. **Referring Department**

Which department have you been referred by (please tick)

North Bristol NHS Trust  
 University Hospitals Bristol and Weston NHS Foundation Trust

Sirona Care & Health

One Care / GP Practice: please specify GP Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person who referred you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Format and Dates of Programme**

We are aiming to offer an alternating programme of online groups using Zoom or, groups taking place in the Community Arts Room at Southmead Hospital. When we receive your form, we will contact you to let you know when the next group format of your choice will run. I would like to attend:

Wednesday 13th September - Wednesday 18th October 10am to midday (Community Arts Room)

Wednesday 8th November - Wednesday 13th December 10am to midday (Online on Zoom)

Feb – Mar 2024 (dates and location TBC)

I would prefer to attend:  Online using Zoom

In the Community Arts Room at Southmead Hospital

1. **Participant Details**

Name

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone number

Mobile number

Email Address

1. **Access Needs**

Do you have any special needs / disabilities or access requirements that we need to be aware of?

No  Yes

…………………………………………………………………………………………………………. **PTO**

**In order to help us to give you the best possible experience of the group:**

Arts on Referral are group sessions where you *may* discuss how you are feeling. Have you undertaken group sessions before and do you feel that group sessions are suitable for your needs?

No  Yes

Have you undertaken the Pain Management Programme at North Bristol NHS Trust?

No  Yes

Do you have any fears, phobias or triggers we should be aware of? (e.g. wool, buttons, colours, etc.)

No  Yes

………………………………………………………………………………………………………...

Have you experienced suicidal thoughts? No  Yes

If yes, how recently have you had these thoughts?

………………………………………………………………………………………………………...

How acute have these thoughts been?

………………………………………………………………………………………………………...

Have you discussed this with anyone? Do you have support in place to manage these feelings?

………………………………………………………………………………………………………..

Do you give permission for us to contact your GP should we be concerned about your welfare?  
No  Yes  **Please indicate if you would a letter of confirmation for your employer for the programme:**No  Yes

**5. Participant Consent**I have read the information in the Arts on Referral invitation letter and *I would like to* ***be contacted*** *by a member of the Arts on Referral team so that I can get more information about the project. I understand that my email address and / or phone numbers provided may be given to the artist who will contact me about the project.*

If I choose to participate, I understand that this project is being evaluated and that my personal details will be treated as confidential, although they may be used anonymously for statistical purposes. I understand that North Bristol NHS Trust abides by data protection safeguards and while I am being referred to the project, I may be contacted by Fresh Arts by mobile phone to send text reminders about sessions, or for any other relevant reason. I understand that Fresh Arts may inform the person who referred me to the Arts on Referral programme to let them know if I attended the project and any activities which I may be referred on to at the end of the six-week programme.

I understand that I can withdraw my consent at any time without detriment to my continued care.

Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form by email to: [jennifer.mills@nbt.nhs.uk](mailto:jennifer.mills@nbt.nhs.uk)