

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

Name of person who referred you: _____

2. Dates of Programme

Places are offered on a first come first served basis. In order to get maximum benefit from the programme, please only book if you are able to attend at least 5 of the 6 dates:

20th February - 26th March online (Zoom welcome session on 14th Feb)

23rd April - 28th May either online or art room tbc (Zoom welcome session on 16th April)

3. Participant Details

Name _____

MRN _____ Date of Birth _____

Gender _____

Address _____

Home Phone number _____

Mobile number _____

Email Address _____

Preferred contact method _____

Preferred contact time (please circle): daytime / evenings / weekends / anytime

4. Access Needs

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

No Yes

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Do you have any fears, phobias or triggers that would be useful for us to know about in advance of the programme?

Do you have any dietary requirements or allergies we should be aware of?

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In order to help us to give you the best possible experience of the group, please let us know:

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 a Living Well Programme at North Bristol NHS Trust?

No Yes

Do you give permission for us to contact your GP should we be concerned about your welfare?

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