

Participant ID: for office purposes only



Arts on Referral

Please complete and return this reply slip

1. Referring Department

Which department or organisation 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: _____

2. Programmes

We are able to offer online groups or 'in real life' groups at Southmead Hospital and will confirm how the group will be delivered based on patient preference. Places are offered on a first come first served basis. If a programme is full we will try to offer you the next available set of dates.

I would prefer to attend: Online using Zoom
 In the Community Arts Room at Southmead Hospital

3. Participant Details

Name _____
Date of Birth _____
Gender _____
Address _____
Home Phone number _____
Mobile number _____
Email Address _____

Please indicate if you would a letter of confirmation for your employer for the programme:

No Yes

PTO

4. Access Needs

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

No Yes

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

Have you taken part in LEEP Programme (Lung Education & Exercise Programme) or other similar groups?

No Yes

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

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