Active Plus Armed Forces Community Social Prescribing Referral Form



Today’s date:

Your Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Name |  | |  | |  | | |
| Address |  | |  | |  | | |
| Home Telephone |  | Mobile |  | |  | | |
| Email |  | |  | |  | | |
| Date of Birth |  | |  | M |  | F |  |

Your Service History

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rank |  |  | |  | Number |  | | |
| Army |  | | Navy |  | RAF |  | Marines |  |

Reasons for Leaving

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medical Discharge |  | Admin  Discharge |  | End of Service |  | Redundancy |  | Other |  |
| Details/additional information | | | : | |  | |  | | |

About You

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Living with partner |  | Living alone | | |  |  | Living with family | | | | |  | Other | |  | |
| Number of children under 18 |  | Number of children 18+ | | | |  |  | | Do you have caring responsibilitie for an adult? | | | | | | s |  |
| Employment status  (tick) | Full time |  |  | Part | | time | |  | | Not working | | | |  |  | |
| Do you receive any benefits? (X) | JSA |  |  | ESA | |  | | Universal Credit | |  | Other:  please state | | |  |  | |

# please turn over – double sided form

|  |  |
| --- | --- |
| Please tell us if you have any health conditions |  |
| Please tell us if you have been cautioned or convicted of an offence |  |
| Emergency Contact  Name & telephone number |  |

|  |  |
| --- | --- |
| Referring Organisation |  |
| Contact Name |  |
| Tel No |  |
| Email |  |
| If not referring organisation, how did you find out about Active  Plus |  |

I agree that the above details are correct at the time of completion. I understand that Active Plus will not share the personal information I provide without my consent and will store my information securely. I also understand that I can request copies of information held about me from Active Plus.

To be signed by participant

|  |  |
| --- | --- |
| Signed:  (participant) |  |
| Name |  |
| Date: |  |