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:  |   |