# Well Together Service Referral Form



Bradford District Care NHS Foundation Trust Well Together Service provides a wide range of health-led activities delivered by Volunteers. Our activities are free to access and are delivered across Bradford, Airedale, Wharfedale and Craven. We have a range of wellbeing, condition management, peer support and walking groups.

We welcome anyone over the age of 18 who is living with a long-term health condition or experiencing social isolation and individuals who have recently been discharged from hospital, who meet our criteria and would benefit from accessing one of our groups to help with their recovery.

Once the referral form has been received, a member of the team will make contact within two weeks to match the individual to the relevant activity.

## **Referral Criteria**

We can support service users who meet the following criteria: Please tick all to confirm you have read	We are unable to support service users who
Willing to attending walks and/or activities in their local community  Independent enough to leave their home unaided.  Are well enough to attend walks and/or activities in the local community independently or accompanied by a support worker / carer or family member.	<ul> <li>Have been advised not to participate in any walking/physical activity groups by their GP or other health professional.</li> <li>Have not given consent to be referred to the Well Together Service and/or are unaware a member of our team will contact them to match them to an appropriate activity.</li> <li>Requires clinical support from a health professional in the first instance to assist with their recovery.</li> </ul>

If your service user **DOES NOT** meet the criteria outlined above, please do not continue with this form as our service will be unable to accept the referral.

## **Details**

Title (Mr, Mrs, Miss, Ms, other)		Date of Birth		
Full Name		,		
Address				
Postcode				
Telephone number				
Email address				
Preferred method of contact?	Email	Telephone call	SMS Text	Post

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Date the individual has given consent for this referral to be made? Is permission required to participate in physical/walking activity? If yes, do they have the appropriate permission?	Please complete: Yes No  Please complete: Yes No  By whom?	
What would the service user like to achieve from our Well Together Service?	Relaxation  Reduce Anxiety  Feel Fitter  Meet New people  Have a new hobby	Reduce social isolation  Develop New skills  Other, please state
Where did you hear about us?	Word of mouth  Workplace/Colleague  Social media  GP surgery	WT staff member presentation leaflet/Poster Internal communications (eg e-update, connect) Other
Referrer Contact details	Name: Team: Telephone: Email:	

If you have any questions in regard to our referral process or eligibility criteria, please contact us at **Email:** welltogether@bdct.nhs.uk **Telephone:** 01274 259190

### **GDPR** statement

When you join a group or an activity group we will keep a record of your name, address, and contact details so that we can get in touch with you. We will only contact you in relation to the group. We will store your information securely in line with Bradford District Care Foundation Trust's data management policy.