



# TWIGS

## Service User Referral Form

Please use this form if you would like to refer an individual to TWIGS Community Gardens.

Once you complete and send us the form, one of our team will reach out to you.

### Section 1: Service user personal information.

Title Mr:  Mrs:  Ms:  Other: .....

First name:

Last name:

Date of birth:

Address including postcode:

Email address:

Phone number:

**Gender** Female  Male  Transgender  Non-binary

Prefer not to say  Other: .....

### Ethnicity

Asian or Asian British  Black, Black British, Caribbean, African

Mixed of multiple ethnic  White

Other: .....

## Section 2: Activities you are interested in.

### Main activity areas.

Gardening

Woodcraft

Art

Craft

### Your aims (please tick any that apply).

Therapeutic activities that will occupy me.

Help with improving personal coping skills in the workplace.

Voluntary work in the community.

Career / job advice and guidance.

Further education and learning

Training

Employment support

Supported employment

Gaining employment.

Retaining a job.

Sustaining employment.

**Your aims (please tick any that apply).**

Please describe how you spend your time now e.g. any volunteering, education etc.

**If you are unemployed, how long have you been unemployed?**

Less than 6 months.

6 to 12 months.

1 to 3 years.

Over 5 years

Never worked

Not applicable

**Qualifications.** Have you achieved any qualifications?

Yes

No

If yes, what is the highest level of qualification you have achieved?

### Section 3: Health Information

Approximately, when did you first experience mental health problems?

GP Name.

GP surgery telephone number.

Is there a health professional or social worker involved in your care?

Yes

No

Do you have a current care plan?

Yes

No

**If a current occupational plan, care plan and/or risk assessment is available, please provide us with a copy at your earliest convenience in order to avoid any delays.**

Please provide a brief summary of your mental health problems.

**Do you have any other needs or difficulties? (Please tick all that apply)**

Learning difficulty.

Physical disability.

Asperger's or autistic spectrum disorder.

Sensory disability

Drug or alcohol problems

Other: .....

**Section 4: Referrer Information**

Name:

Job title:

Work telephone:

Mobile telephone:

Email:

Address including  
postcode:

## Section 5: Further information

Is there any further relevant information you wish to tell us?

Referrer:

Service user:

## Section 6: Signatures

In accordance with the Data Protection Act (2018), all information provided on this form and in any further dealings with TWIGS will be treated as confidential and will not be disclosed to any third party outside of TWIGS without express consent from the service user.

Service user  
signature:

Date

Referrer  
signature:

Date

**You can send or bring your completed form to TWIGS, or send it to: The Recovery Tree Charity, c/o Manor Garden Centre, Cheney Manor Industrial Estate, Swindon SN2 2QJ.**