Free the wonder of your imagination

REFERRAL FORM Adults 18-70years

Our psychologically informed creative art projects offer an informal, safe and nurturing space to engage in artistic expression. Each workshop is underpinned with psychological approaches that provide opportunities for discovery, learning and overcoming emotional challenges.

To help us understand our population better and fulfill our grant funders reporting requirements we would be grateful if you would complete the following information. The information you provide is confidential and kept by artWell in accordance with the Data Protection Act 1998. A copy of which is available by contacting artWell.

Project Name	
Project Location	

Who can refer?

Referrals can be made in writing from mental health services, GP surgeries, charities or any related service or agency. We will also consider self-referral. A brief telephone conversation usually takes place prior to the offer of a place.

Eligibility

Adults (18+)

1. A mental health diagnosis.
2. Survivor of domestic abuse
3. Vulnerable or socially isolated
4. Patient has cognitive capacity to understand concepts of recovery
5. Independently mobile to complete creative work themselves
6. Self-motivated to participate in project work
7. Other lived experiences or challenges that impact on mental wellbeing.

Charging/Donations

Our priority is to ensure that those who may benefit from the service can do so. However, to support the ongoing delivery of these projects we do expect each participant to make a contribution towards the costs of delivery. This cost is

agreed with each Participant and is based on their economic circumstances and ability to pay. We may request evidence of income. Contributions are paid in advance directly to our bank or can be paid in cash by agreement with artWell.

Additional donations can be made at any time.

Attendance

Our projects hope to encourage structure and commitment. There is an expectation that Participants to commit to attending each week. However, we do appreciate that from time to time personal circumstances may compromise the ability to attend. If this is the case we expect to be informed as soon as possible of the duration and purpose of the absence.

Data Protection and Information Sharing

We adhere to strict data protection and confidentiality protocols. A Permission to Share form will be completed as part of the Membership Agreement.

Under the Duty of Care Act 1974, if a Participant has been referred to this project by an agency, we will keep that agency informed as appropriate. We will discuss with our Participant, prior to any agency contact, the nature of our discussion or summary of progress. If we have any concerns that the Participant is at risk of harming themselves, or harming another person, or of being harmed by another person, the project is legally required to report these concerns to the appropriate agency. We will always endeavour to inform the Participant of our decision to do so first.

The project is obliged to report any concerns it may have about the safety of a child or vulnerable adult to the appropriate agency.

We strive to maintain a safe and high-quality service for all and will therefore ask participants to sign a Membership Agreement before attending any project.

A Participant will be expected to attend all agreed workshops and agree to the membership contract. This contract outlines the expectations whilst participating in group activities for the safety and comfort of all. A copy of the Membership Agreement is sent to the Participant before the start date for their information.

Evaluation

We consider it important to take time to reflect on the efficacy of our projects and short courses. We encourage opportunities for Participants to give feedback and make suggestions so that we can grow and adapt to better meet the needs of the groups. We welcome comments and feedback from the agencies and organisations with whom we work. We value the feedback we receive from all

sources. We will request that Participants complete personal evaluation forms using standard mental health evaluations. This will provide an assessment of the value of our work as meeting the needs of our Participants and impacting positively on mental health awareness and wellbeing.

If you have any questions, please do not hesitate to get in touch:
By phone: 07846 779746
Please return the complete form by email: hello@artwell-basingstoke.co.uk

Client Details

Date of Referral		
Full Name		
Preferred Name		
Date of Birth		
Age		
Address		
Postcode		
Landline		
Mobile		
Acceptable to leave a message?	YES	NO
Acceptable to text message?	YES	NO
Email (NB. this is our preferred mode of contact)		

Benefits

Are you currently in receipt of benefits?	YES	NO
If yes, please specify which benefits		

Please complete referral information below:

Please select:

Referral from Agency	
Self-Referral	

Referring Agency details

Services Participant is open to	
Name of Care Provider / person referring	
Agency	
Contact telephone number	
Address	
Email address	
Any other agencies involved	

GP Name	
Surgery and address	

Details of diagnosis	
Please provide a brief outline of early warning signs or presenting situation	

Any thoughts of harming yourself over the last month?	YES	NO
If yes, please give details		

Monitoring Information

It would be helpful to us if you feel able to answer these questions, but you do not have to.

Where did you hear about artWell?	

Gender (please tick as appropriate)			
Male (Including female to male trans men)	Female (Including male to female trans women)	Non-binary	Prefer not to say
Is your gender identity the same as the gender assigned at birth?			
Yes	No	Prefer not to say	

Pronouns (please tick as appropriate how you would like to be addressed)			
He/Him	She/Her	They/Them	Other (please specify)

Ethnicity group (listed alphabetically these are based on the Census 2011 categories)

Arab		Mixed - Black Caribbean & White other	
Asian or Asian British - Bangladeshi		Asian background other	
Asian or Asian British - Chinese		Black background other	
Asian or Asian British - Indian		Ethnic background other	
Asian or Asian British – Pakistani		Mixed background other	
Black or Black British - African		White background	
Black or Black British - Caribbean		White - British	
Mixed - Asian & White		White - Irish	
Mixed - Black African and White		White - Gypsy or Irish Traveler	
Prefer not to answer			

Background group

Survivor of Domestic Abuse		Gypsy, Traveler, Boat and Showmen communities	
Alcohol and Substance misuse		Homeless and Rough Sleeper	
Learning disabilities		LGBTQ+ people	
Minority ethnic communities		Neurodevelopmental conditions/Brain injury	
Older People		Prisoners and ex-offenders	
Rural Communities		Refugees, asylum seekers and migrants	
Serving personnel, veterans and their families			

Age range

18 - 25		25 - 35		35 - 45		45 - 60		60+	

Do you consider yourself to have a disability according to the terms given in the Equality Act? (The Equality Act 2010 protects disabled people) This defines a person as disabled if they have a physical or mental impairment which is substance and long term - ie. Has lasted or is expected to last at least 12 months - and has an adverse effect on the person's ability to carry out normal day-today activities)

YES	NO	Prefer not to say

This space is for any additional information you feel may be relevant.