

'Nurture in Nature'
Social and Therapeutic Horticulture at Tuppenny Barn
Referral form

All personal information supplied is strictly confidential. We respect your privacy and will not pass your details on to any third party.

PERSONAL DETAILS

Name:

Address:

Home telephone no:

Mobile telephone no:

Email:

EMERGENCY CONTACT DETAILS

Contact name:

Tel no:

Relationship:

Mobile no:

PAST GARDENING EXPERIENCE (Details of any previous experience: what, where, activities you have enjoyed)

EXPECTATIONS (Please tell us what you hope to gain from attending the project, i.e meet people, improve confidence, learn new skills)

TRAVEL ARRANGEMENTS (How do you plan to travel to the project?)

SPECIALIST SUPPORT (Please give details of any specialist support that may be necessary)

Signature:

Date:

Print name if signing on behalf of an applicant

Could you please tell us where you heard about the project? (e.g. word of mouth, visit, open day, leaflet etc.)

Please return to:

**Duncan Bryant and Jane Gleeson, STH Team, Tuppenny Barn, Main Road, Southbourne,
West Sussex PO10 8EZ**

FOR OFFICE USE ONLY

Date application received

Equal Opportunities monitoring form

Nature in Nature is supported by a number of funders, to assist with providing feedback we are asked to collect the following information.

AGE

16 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65+
 Prefer not to say

GENDER

Female Male Prefer not to say

ETHNIC GROUP Please indicate your ethnic group

White	Mixed	Asian or Asian British	Black or Black British	Gypsy / traveller	Chinese or Other Ethnic Group
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Gypsy / traveller <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Black African <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other ethnic Group <input type="checkbox"/>
Other white <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Mixed British <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
	Other Mixed <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			
	Prefer not to say <input type="checkbox"/>				

DISABILITY

The Equality Act 1995 (EA) protects disabled people. The EA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. 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-to-day activities.

Do you consider yourself to be disabled according to the terms given above?

No Yes

Are you registered as being disabled?

No Yes

Health form

Please complete this form as fully as possible using extra paper if required. This information enables Tuppenny Barn to provide a suitable, safe and enjoyable working environment.

Name	Date of Birth
Address:	
Home telephone no:	Mobile telephone no:

GP Name
Address:
Telephone no:

Please answer the following questions and provide details if answering 'Yes'

Do you have a cardiac condition? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a respiratory condition? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you suffer with epilepsy? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you suffer from diabetes? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you suffer from any allergies? No <input type="checkbox"/> Yes <input type="checkbox"/>

Do you have any mental health needs?

No Yes

Please answer the following questions and provide details if answering 'Yes'

Do you have hearing impairment?

No Yes details of any preferred method of communication (lip reading, BSL, or written, etc)

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Do you have a visual impairment?

No Yes

Do you experience any phobias?

No Yes

Do you experience medication side effects that may affect your work in the garden? (e.g. drowsiness, sensitivity to sunlight)

No Yes

Tuppenny Barn advises participants to ensure that they are fully immunised against Tetanus or seek medical advice prior to starting the programme of activity.

Signature..... Date.....

Print name if signing on behalf of applicant:

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DISCLAIMER I reserve the right to withhold my personal health details. I understand that by doing so I retain full responsibility for my health & safety while attending the session.

Signature..... Date.....

Print name.....

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