

Waterways Wellbeing Activities

Referral Form (page 1)



Please complete in block capitals and black ink. If filling in electronically, please use a black font.

Which activity would you like to do? (please tick all that apply)					
Paddle boarding	<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Narrow boat	<input type="checkbox"/>
Walking	<input type="checkbox"/>	Running	<input type="checkbox"/>	Other (please specify in comments section below)	<input type="checkbox"/>

Your details					
Title (Ms, Miss, Mrs, Mr, etc.)		First Name(s)		Surname	
Full Postal Address					
Telephone number		Mobile number			
Email address					
Date of birth					
Gender				Ethnicity	
Will language create a barrier?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

How will this activity benefit you? (please tick all that apply)							
Physical health	<input type="checkbox"/>	Mental health / wellbeing	<input type="checkbox"/>	Loneliness / social isolation	<input type="checkbox"/>	Lifestyle change	<input type="checkbox"/>
If you'd like to, please explain what you'd like to get out of these sessions...							
Do you have any medical conditions or disabilities that may affect taking part in these activities?							
Is there any other information you'd like us to know?							

If filling in electronically, entering your full name below will be accepted as a signature.

Signed		Date	
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Waterways Wellbeing Activities Referral Form (page 2)



Are you completing this referral on behalf of somebody else? If **yes**, please fill out your details below.

Referrers Details				
Name		Job Role		
Relationship to person referred				
Contact details (address, email and telephone)				
Does the person referred give permission for you to be completing this form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If filling in electronically, entering your full name below will be accepted as a signature.

Signed	Date

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