

Well Together Service Referral Form



Bradford District Care
NHS Foundation Trust

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
<p>Willing to attending walks and/or activities in their local community</p> <p>Independent enough to leave their home unaided.</p> <p>Are well enough to attend walks and/or activities in the local community independently or accompanied by a support worker / carer or family member.</p>	<ul style="list-style-type: none"> × Have been advised not to participate in any walking/physical activity groups by their GP or other health professional. × 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. × Requires clinical support from a health professional in the first instance to assist with their recovery.

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

Date the individual has given consent for this referral to be made?		
Is permission required to participate in physical/walking activity?	Please complete: Yes No	
If yes, do they have the appropriate permission?	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

The information you provide in this form, and any information services share with us, will be used for the purpose of engaging the individual in the Well Together Service activity. It will not be passed onto any other person unless the activity is run in partnership with another organisation, the service will retain the information securely for 2 years, the individual can remove their consent at any time by contacting Well Together.