

The Sunflower Community Care Farm

A Place Where Everyone Can Shine

Referral form

Please complete the form as fully as possible. If you need additional space, please continue overleaf.

The information provided on this form will be treated in the strictest confidence.

Please affix photograph here for identification purposes only. This does not need to be a formal passport photo.

Participant Details	
Name:	
Date of Birth:	
Gender:	
Address:	
Contact number:	
Email address:	
Emergency Contact Details	
Name:	
Relationship:	
Telephone number:	
Email address:	
Social/Support worker name:	
Telephone number:	
Email address:	

What do you hope to achieve from attending The Sunflower Community Care Farm?		
What do you enjoy doing?		
Do you enjoy spending time outside? Yes/No (please delete as appropriate)		
How will you get to the Farm?		
Do you have any special requirements that we should know about?		
Do you have any allergies? Yes/No (please delete as appropriate)		
If yes, please give details:		
Additional information: Anything else you think it may be useful for us to know		

Have you been diagnosed or are y	ou affected by any of the following (please put an X in the box
in any/all that apply)	
Hearing impairment	XYY Syndrome
Downs Syndrome	Dyslexia
Trauma/abuse	Dyscalculia
Visual impairment	Dyspraxia
Epilepsy	Learning difficulty (mild moderate severe – please circle)
Grief or loss	Social and Emotional Difficulty
Physical difficulty	Autistic spectrum disorder
Asthma	Depression
ADD/ADHD	Addiction
Eating disorder	Anxiety
Stress	OCD
Each session (10 am until 3 pm Will your place be: self-fund	
council for <i>(please tick relevant box)</i>	runded
used for publicity/qualification Farm's Safeguarding Policy and This includes any reproductions	graphs and/or footage may be taken. Such images shall on purposes in accordance with The Sunflower Community C I I give consent for myself to feature in such photos/image s or adaptations of the images for general purposes, e.g. loo other promotional articles (including flyers) and the farm's
Name: Signature:	

You can either scan or photograph this form and return it to me at: $\underline{tessa@thesunflowercommunitycarefarm.org.uk}$