

Member Support Form



ABBNEY PHYSIC
COMMUNITY GARDEN
 GROWING A HEALTHY COMMUNITY

All information about you will be stored in accordance with General Data Protection Regulation (GDPR) guidelines.

Name:		DOB:	
Address:	Home Tel:		
	Mobile:		
Postcode:	Email:		

➤ Which activity area(s) are you interested in? (Please tick all that apply ✓)

Therapeutic gardening	<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Woodcraft / Men's Shed	<input type="checkbox"/>
Grub Club	<input type="checkbox"/>	Horticultural qualifications	<input type="checkbox"/>	Ground Force Action Team	<input type="checkbox"/>

➤ What would you like to gain from your time at the garden? (Please tick all that apply ✓)

Purposeful Therapeutic activities	<input type="checkbox"/>
Improved social skills	<input type="checkbox"/>
Help in improving personal coping skills and wellbeing	<input type="checkbox"/>
Training/qualifications (e.g. gardening, first aid)	<input type="checkbox"/>
Voluntary work	<input type="checkbox"/>
Work experience	<input type="checkbox"/>
Employment skills (e.g. CV, interviews, timekeeping)	<input type="checkbox"/>
Practical life skills (e.g. healthy eating, budgeting)	<input type="checkbox"/>

➤ How did you hear about the Abbey Physic Community Garden?

Your current occupational activities

➤ Please describe how you spend your time now *i.e.* any volunteering, education:

Health Information

➤ Approximately when did you first experience mental health issues?

➤ Is there a health professional or social worker involved in your care? Yes No

Please give contact details –
 Name:

Tel No:

➤ If you were referred to the garden, please give full details of the referrer:

Referrer Name:	Job Title:
Organisation:	Work Tel:
Mobile:	Mobile:

➤ Do you currently have a care plan? Yes No

If available, please include a copy of any care plans, occupational plans or risk assessments with this form.

➤ Do you have any needs or difficulties? (Please tick all that apply ✓)

Learning difficulty		Physical disability		Depression	
Drug or alcohol problem		Autistic spectrum / Asperger's			
Other:					

➤ Please provide a brief summary of your mental / physical health issues:

➤ In the event of an emergency, who would you like us to contact for you?

Name:	Tel No:
Relationship:	Mobile:

Name of Doctor:	Tel No:
Do you have any medical conditions we should be aware of, including allergies or injuries? Yes	No
If yes, please give details, including any medication you are taking: Medication:	

➤ Any other relevant information you wish to tell us:

Yourself:
Referrer:

➤ Positions are offered after an initial review with client to ascertain suitability. Thereafter 3 monthly reviews are undertaken regarding continued suitability for client.

➤ Please note - there is a £12 annual sub for membership of the garden.

➤ Do you consent to images of you being used in print/online media to promote the garden? Yes No

➤ **DISCLAIMER: by signing below, I acknowledge that the Abbey Physic Garden is not able to provide licensed clinical support for any physical or emotional medical needs.**

Signed Client.....	Date.....
Signed Referrer.....	Date.....

**Please return to: Abbey Physic Community Garden, Abbey Place, Faversham, ME13 7BG.
Email: communitygarden@abbeyphysic.org**

Office use only - reasons not started: Service refused Client refused Health reasons

Other (please state): ID: Number: