



Metal's Community Wellbeing Programme Self-Referral Form

Name:	Date:
Address:	
Date of Birth:	
Gender Identity:	
Emergency Contact Name:	
Emergency Contact Number:	
Email address:	
Registered GP's Surgery:	
Are you currently under an NHS Mental Health Organisation? If yes, please provide a contact name and number.	
Have you used NHS Services (GP, Mental health services, crisis team) in the last 12 months to help you manage your mental health?	
If yes, how many times have you seen any of the above in the last 12 months? This question helps us with obtaining future funding for our project.	

Did you receive a referral from SAVS, Social Prescriber or your GP?

Do you have any food allergies?

Do you have medical conditions our facilitators should be aware of?

Do you consider yourself to be neurodivergent?

Please share any emotional difficulties you are currently experiencing. (For example anxiety, depression, stress)

Do you have any access needs?

What would you like to achieve by joining Connect & Create?

Which day / time best suits your availability?

Where did you hear about Connect & Create? (e.g. through a friend, online, social media)

Workshop Photography Consent

This form is a record of your approval for us to document your participation through photography and filmography. The material recorded through the workshop sessions will be utilised in media, print, online and film.

Please note Metal is a registered charity and all media generated will be for non-commercial use.

By signing this form, you give your agreement for your participation and voluntary contribution to the project, please read carefully the information below and fill your information in the required fields.

Declaration

I declare that to the best of my knowledge the information I have given is complete and correct.

Information provided in this form will be kept confidential and in compliance with GDPR regulations.

Programme facilitators may use my personal information to contact me via post / email / telephone.

We will not share your data with anyone else except in a medical emergency. We may process data for statistical purposes.

Participants signature