

The Hawthorn Project

Application Form

So that we know that you are eligible to take part in the project we need to know certain things about you and you need to agree to certain things. Some of this form is for you to fill out and some is for your support worker or GP.

Your name:

Mobile or landline number (we will use this to text or call you about the project):

Your address:

Date of Birth:

Agreement:

- I identify as female
- I am in recovery from my addiction
- I am committed to my recovery
- I am receiving professional support surrounding my addiction
- I am physically capable of spending 4 hours outside
- I am up for getting a bit muddy, possibly soggy and participating fully
- I am committed to coming every week during the 6-week project (this is important)
- I will be sober every time I come to the woods and understand that I won't be allowed to come if the leaders think I am under the influence
- I will respect the confidentiality of all the women in the woods – what is discussed in the woods, stays in the woods
- I will carry out activities in the way that the leaders have shown me

Medical details

We need to have emergency contact information for you and some basic medical information about you, just so that we know that we can keep you safe in the woods. All the information on this form is confidential and we won't share it with anyone. We will also only keep it for as long as we need it. After that it will be sensitively destroyed.

Emergency Contact Name:

Relationship to you:

Contact Telephone Number (in case of emergency):

Name of Doctor:

Doctor's Address:

Doctor's Tel no:

Dietary requirements:

Is there anything you would like us to know about your mental health, so that we can best support you and keep you safe?

Please delete **yes/no** as appropriate:

yes/no I consent to receiving any necessary medical treatment, including anaesthetic as considered necessary by the medical authorities present

yes/no I declare that I am of sufficient fitness to participate in the course

yes/no I recognise that the course has inherent risks, including injury and that I understand those risks and accept them as part of the enjoyment

yes/no All course facilitators will not be liable, now or in the future, for any loss, expense, damage or claim I might have against them for any damage to my property as a result of my participation in the course

Do you take any medication? **yes/no**

If yes, please give details:

Do you have any allergies, including food allergies? **yes/no**

If yes, please give details:

Signature: Date:.....

Referral details

This section is to be filled in by your GP or support worker.

Name and address of the agency that is referring (E.g. DHI)	
Your name	
Your direct number and email address. We will contact you about the referral.	
Is this person able to spend up to 4 hours outside, walk short distances in rough terrain and engage with a group?	
Is this person in recovery and able to commit to 6 sessions? We are not able to accept applications from women who are not in recovery.	
Does this person have appropriate footwear, waterproofs and layers for a day in the woods? If not, we may be able to help.	
Please let us know about any health issues that we should be aware of, for example depression, eating disorders.	
I confirm that this individual is suitable for this project and I believe her to be ready for an outdoor project in a woodland.	
I confirm that this person is receiving ongoing support from me/my agency for the duration of the 6-week project	
Signature	
Date	

Return this form to us in one of the following ways:

Email: bec@thehawthornproject.org

Post: Little Parks Farm, Tolland, Taunton TA4 3PS