

The Hawthorn Project Referral Form



*You can ask us at any time to remove your data from our records.
Please see our website or ask a member of staff to view our full privacy policy.*

The Hawthorn Project is a women's nature connection project based at Tortworth Forest Centre.

We invite women to join us for our weekly woodland activities, to build confidence, self-esteem and wellbeing.

Throughout the programme participants will develop skills and confidence to support their wellbeing and improve self-esteem. Please keep in mind that this is a mental wellbeing group, not a therapy group.

Although this programme is open to any woman who might benefit from it, it is mainly intended for women who wouldn't normally access a place or activities like these and are experiencing difficulties due to being in recovery from alcohol or drug dependency, having experienced trauma, feeling socially isolated or other mental health challenges.

The programme is funded by The National Lottery Community Fund and is completely free to participants.

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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 the person who is referring you (your support worker or GP).

Your Name:

Date of birth:

Phone number:

(We will use your number to text or call you about the project. Please ensure you give us a number on which is safe for you to receive calls/text messages).

Your address:

Medical Details

GP Name:
GP address:

GP phone number:

Next of Kin/emergency
contact person

Name:
phone number:
relationship to you:

Allergies and Dietary
requirements:

Are you on any medication?

Yes/No

If so please give us details:

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

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Agreement: please delete as appropriate	
I identify as female	Yes/No
I am physically capable of spending 4 hours outside and I declare that I am of sufficient fitness to participate in the course	Yes / No
I am up for getting a bit muddy, possibly wet, and participating fully	Yes / No
I am committed to coming every week during the project (this is important)	Yes / No
I will respect the confidentiality of all the women in the woods – what is discussed in the woods, stays in the woods	Yes / No
I will carry out activities in the way that the leaders have shown me	Yes / No
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	Yes / No
I understand that it is my responsibility to look after my belongings	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
I consent to receiving any necessary medical treatment, including anesthetic as considered necessary by the medical authorities present	Yes/ No

Your Signature:

Date:

Referring agency 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 -name of GP Surgery)	
Name	
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 able to commit to attending all the sessions? (each term is 5 -7 session, depending on the school calendar)	
Does this person have appropriate footwear, waterproofs and layers for a day in the woods?	
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 project.	
Signature	
Date	