Waterways Wellbeing Activities

Referral Form (page 1)

Please complete in block capitals and black ink. If filling in electronically, please use a black font.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Which activity would you like to do?** *(please tick)* | | | | | | | |
| Paddle boarding |  | Canoeing |  | Narrow boat |  | Guided walks/Instructor led running |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your details** | | | | | | | | | |
| Title *(Ms, Miss, Mrs, Mr, etc.)* |  | First Name(s) | | |  | | Surname | |  |
| Full Postal Address | |  | | | | | | | |
| Telephone number | |  | | | | Mobile number | |  | |
| Email address | |  | | | | | | | |
| Date of birth | |  | | | |
| Gender | |  | | | | Ethnicity |  | | |
| Will language create a barrier? | | Yes |  | No |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How will this activity benefit you?** (*please tick all that apply)* | | | | | | | |
| Physical health |  | Mental health /  wellbeing |  | Loneliness / social isolation |  | Lifestyle change |  |
| **If you’d like to, please explain what you’d like to get out of these sessions…** | | | | | | | |
| **Do you have any medical conditions or disabilities that may affect taking part in these activities?** | | | | | | | |
| **Is there any other information you’d like us to know?** | | | | | | | |

If filling in electronically, entering your full name below will be accepted as a signature.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

Waterways Wellbeing Activities

Referral Form (page 2)

Are you completing this referral on behalf of somebody else? If **yes**, please fill out your details below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrers Details** | | | | | | | |
| Name |  | Job Role | |  | | | |
| Relationship to person referred |  | | | | | | |
| Contact details (address, email and telephone) |  | | | | | | |
| Does the person referred give permission for you to be completing this form? | | | Yes | |  | No |  |

If filling in electronically, entering your full name below will be accepted as a signature.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

By signing this form you are providing consent for the Canal & River Trust to process your Personal Information, provided above, for the express purpose of assessing your suitability for our Waterways Wellbeing event. This information will be stored only for the necessary time-period required to carry out our assessment and will be processed in accordance with our Privacy Policy. To find out more about how we process personal data, please visit our privacy policy at [https://canalrivertrust.org.uk/cookie-and-privacy-policy](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcanalrivertrust.org.uk%2Fcookie-and-privacy-policy&data=04%7C01%7CCarol.Burrell%40canalrivertrust.org.uk%7Cae2ee4f216024462ea6108d9664d745f%7C260db9039fba44d29d2654bed22e06b9%7C1%7C0%7C637653305114229620%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=eQvtjOo96Bpn7zsmNJ3hI5i7I6jucCuag1cS41G2D6U%3D&reserved=0).

The Canal & River Trust respect your right to withdraw consent relating to your personal data at any time, this can be done by contacting [information.request@canalrivertrust.org.uk](mailto:information.request@canalrivertrust.org.uk)