Referral Form

Grow for Life
Transforming lives through gardening

Referrer Information

Full Name	
Organisation	
Job Title	
Address & Postcode	
Email Address	
Telephone Number	Landline: Mobile:

Personal Information for the Individual you are Referring

First Name	
Surname	
Address & Postcode	
Phone number	
Gender	
Emergency Contact	Name: Phone number: Relationship (e.g. friend, parent, support worker):
Does the individual need any additional support?	
Does the individual represent a risk to a group?	
Does the individual represent a risk to a mixed group of men and women?	
Is there any other information we should know?	

☐ Please tick this box to confirm you have consent from the individual you are referring to complete the referral and provide the personal information requested in this form

Grow for Life welcomes referrals for adults experiencing low confidence, anxiety, depression or isolation. Please indicate which of the following apply to your client:

☐ Depression ☐ Anxiety ☐ Low Confidence ☐ Isolation

Grow for Life will also review referrals for other conditions on a case by case basis. Please indicate which of the following apply to your client:

☐ Recovery from addiction ☐ Bereavement ☐ Trauma

Please note we are not able to accept referrals for individuals still in active addiction

☐ Other mental health condition(s) and/or another reason for referral. Please give details below:

Click or tap here to enter text.

For the Referrer: Please name, sign and date to complete your referral

Full Name	Signature	Date

07729906223 | info@growforlife.org.uk | growforlife.org.uk | Charity Number 1173914

Please return completed referral forms to info@growforlife.org.uk