

Referral Form SoFarm

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| Your Name |
| D.O.B |
| National Insurance Number |
| Address |
| Contact Number |
| Key Friends and Family |
| Key Staff |
| Why would you like to try Social Farming. |
| Who can provide assistance to make the experience a success (Family, Friends, Staff)? |
| What are the main areas you need support in today? (health, mobility, transport, Other) |
| Say a little about you own key strengths and talents. |
| What would be most helpful in making this experience a success for you? |
| Are you willing to undertake training as part of the Day Opportunity which will be tailored to meet the needs of each client? |
| Medical History |
| Name of Referral Agency |
| Manager/Social Worker  Phone No  Email Address |

* Please return this form with an up to date **personal risk assessment** and social history to:

Clare Mc Monagle Email : [gortileasocialfarm@gmail.com](mailto:gortileasocialfarm@gmail.com)

Occupational Therapist

Gortilea Social Farm

491 Baranailt Road

Claudy

BT47 4EF

Following receipt of the Referral our Occupational Therapist will arrange a meeting with Manager/Social Worker/Key Worker to review the application.