****Self-Referral Form****

**Please complete this form to refer yourself to The Listening Project. All information provided will be treated confidentially.**

**Personal Details:**

* First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Referral:**

Please tell us why you are referring yourself to The Listening Project. (e.g., interested in art workshops, need wellbeing support, seeking community connection)

****Areas of Interest/Support:****

Please indicate the areas of interest or support you are seeking:

* [ ] Art Workshops
* [ ] Skill Development
* [ ] Wellbeing Support
* [ ] Social Connection
* [ ] Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accessibility Needs:**

Do you have any accessibility needs we should be aware of? (e.g., wheelchair access, hearing impairment, visual impairment)

* [ ] Yes (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* [ ] No

**How did you hear about The Listening Project?**

**Any Other Information:**

Is there anything else you would like us to know?

**Consent:**

I consent to The Listening Project processing my personal data for the purpose of this referral.

* [ ] Yes
* [ ] No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the completed form to:**

The Listening Project Crook Community Centre 5 South st. Crook County Durham. DL15 8NE

Or Email to: allears@listeningproject.uk

We will respond within 48hrs

**Thank you for your referral!**