**6 Weeks of Wellbeing Group at First Step NE
Complete and return to smi.support@nhs.net**

|  |
| --- |
| **Personal Details** |
| Participants Name |  |
| Date of Birth |  |
| Contact number |  |
| GP practice  |  |
|  **Access Needs** (select those that apply, include details) |
| [ ]  Sight loss |  |
| [ ]  Hearing loss |  |
| [ ]  Learning needs |  |
| [ ]  Mobility |  |
| [ ]  Neurodivergence |  |
| [ ]  Mental Health Diagnosis |  |
| [ ]  Non- English speaking **or** English is not the first spoken language  |  |
| [ ]  Other |  |
| **Further Information** |
| Is there any relevant risk information that the group facilitators need to be made aware of? | [ ]  YesIf yes, how has this information been shared?[ ]  No  |
| Will the participant attend alone or with support? | [ ]  Alone[ ]  Supported[ ]  Not sure |
| Anything else?  |  |
|  |
| Completed by |  |
| Date |  |
|  **FOR GROUP FACILITATORS** (include name and date) |
| Information reviewed | [ ]  YesBy,  |
| Participant contacted | [ ]  YesBy,  |