**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? | Yes  If 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 | Yes  By, |
| Participant contacted | Yes  By, |