



Falkirk's Mental Health Association

Arts Activities Referral Form

Privacy

We treat all referrals in confidence. FDAMH does not share any information with other organisations for their own marketing. View our Privacy Policy at www.fdamh.org.uk/privacy-policy/ for full details. You may also ask any member of staff for a copy of our Privacy Policy or view it in our Waiting Room.

Client Details	
Will be used to contact the person referred and for service provision (if taken up). It also helps us review our services.	
Name	
Address	
Title of Activity	
Date of Birth	
Telephone No.	
Reason for Referral	
	Please tick if the person has used FDAMH's activity groups before <input type="checkbox"/>
Previous activities	
	I confirm that the person referred understands what service they are being referred to and consents to this referral; and consents to the sharing of the information provided. Please tick <input type="checkbox"/>
Referrer Details	
Will be used to contact the referrer about the referral if necessary and to provide statistics about referrers to FDAMH.	
Name	
Relationship to client	
Address	
Postcode	
Telephone No.	

Please return your form to:

FDAMH, 173 Victoria Road, Falkirk FK2 7AU

You can contact us about the referral by asking for the Activities Worker:

Tel: (01324) 671600 Email: admin@fdamh.org.uk