**YBB Confidential Activity Referral Form**

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| 1. **Referrer’s Details**   **(If this is a Self-Referral, please complete Section 3 below)** | | | |
| Name: |  | | Date: |
| Organisation (if any): |  | | |
| Email: |  | | |
| Best contact number: |  | | |
| 1. **York Bike Belles Activities** | | | |
| Please have a look at the different activities we offer on our website before completing this section at [www.yorkbikebelles.community](http://www.yorkbikebelles.community).  Highlight in bold or in colour which of the activities below you are interested in:  Nature Walks  Nature Rides  Cycling Without Age Nature Rides  Nature Workshops  Wild Gardening  Walking Book Group | | | |
| 1. **Details of the Person Being Referred**   **Or Your Own Details if this is a Self-Referral** | | | |
| Name: | | | |
| Age: | | | |
| Postcode: | | | |
| Email: | | | |
| Best contact number: | | | |
| 1. **For monitoring purposes, please explain why you are making this referral/ self-referring:** | | | |
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| 1. **What difference do you hope the activity will make?** | | | |
|  | | | |
| 1. **So that we can provide appropriate support, please tell us:** | | | |
| Do you/ they have sight loss or hearing loss? | |  | |
| Do you/ they have any mental or physical health conditions? | |  | |
| Do you/ they have mobility restrictions? | |  | |
| Do you/ they need support communicating in English? If yes, can you supply an interpreter? | |  | |
| 1. **Cycling Without Age Nature Rides only:** | | | |
| Will you/ they need support to get in and out of the rickshaw (called Trixie)? | |  | |
| Will you/ they have a family member/friend/carer riding with them? | |  | |
| Will you/ they be able to get to the start/ finish of the Rides at Cycle Heaven, Hospital Fields Road, Fulford, YO10 4FS? | |  | |
| 1. **Is there anything else that it would be helpful to tell us?** | | | |
|  | | | |
| 1. **How did you hear about York Bike Belles?** | | | |
|  | | | |
| **Please email the completed form to sarah.yorkbikebelles@gmail.com**  **When received, we will be in touch to discuss the next steps.**  **Thank you!** | | | |
| ***PRIVACY NOTE:* We keep your information confidential. It will be stored securely and not shared with third parties without your consent or unless required by law. Please confirm below if you are happy for us to share the information on this form anonymously with partners and funders for evaluation and research:**  **Yes/ No** | | | |