





Sports Project Referral Form LOTTERY FUNDED



You can post the referral to: The Advocacy Team, the Elfrida Society, 34 Islington Park Street, London N1 1PX or Email it to advocacy@elfrida.com



Please give as much information as you are comfortable with. If you would like help please call The Sports Project on 020 7359 7443.

Contact

A	Details
	Name:
	Address:
	Address.
	Phone Number:
	Birthday:
12.00	Difficulty.

Emergency Contact Details

	Name:					
	Phone Number:					
	Can we ask them for more information? Yes No					
Your Doctor's Contact Details						
	Your GP's Name:					
	Address:					
	Phone Number:					
Your Safety						
	Is there anything we should know to help keep you and others safe?					

Your Health



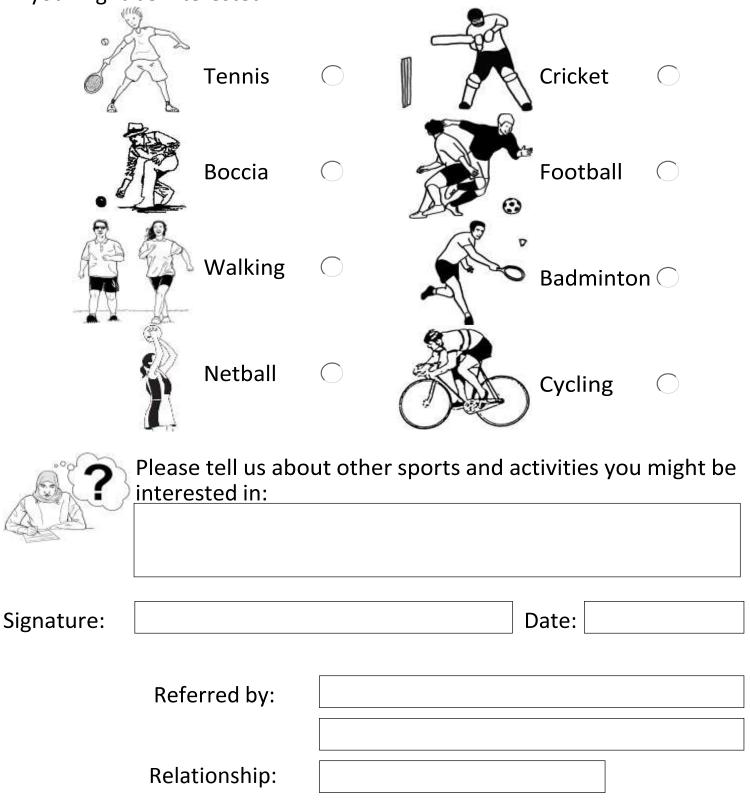
→ x-ray	Do you have a bone or joint problem that could be made we exercising?	Yes orse by	○ No
	Do you have diabetes?	Yes	○ No
	Do you have asthma?	○ Yes	○ No
	Do you have epilepsy?	O Yes	ONo
	Do you have any other conditions we should know abo	O Yes ut?	○ No

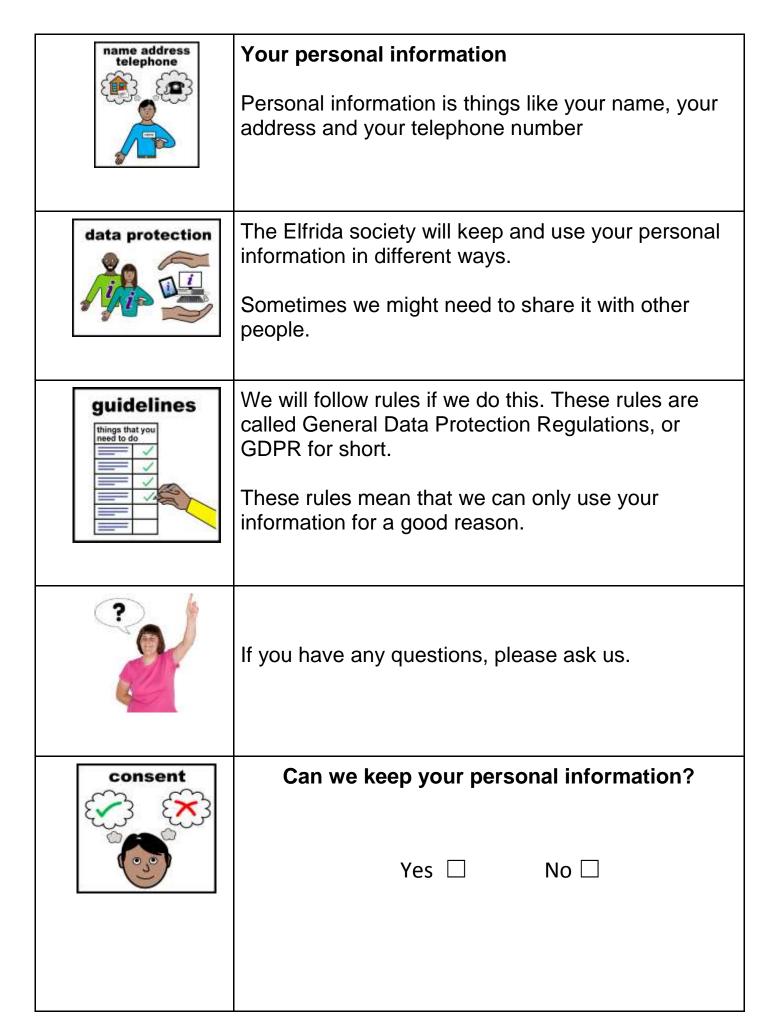
You must speak to your GP if you answered yes to any of these questions. They must give you a letter saying you can do the sport or activity. We must have this letter **before you start**.

Your Medication



Which Sports or Activities You Would Like to Do Please tick all the ones you might be interested in.







Please ask us or click <u>here</u> if you would like an easy read copy of Your rights about your personal information.



Please ask us if you would like a copy of the Elfrida Society's Data Security and Data Retention Policy and Procedure.