

Shore-Up Occupational therapy group programme: Referral Form

The group sessions will explore the relationship between what we do and our health.

Aims of the group:

Provide space and support for individuals to:

- think about what goes on for them in daily life
- consider how all aspects of individual circumstances, health and wellbeing interact with the things they need and want to do in life
- identify changes they might want to make in daily life
- have the opportunity to make changes and see how it feels
- get support and understanding throughout the process

Group members will be asked to attend each session and once the group has started, there will be no additional members joining.

We meet at **CATCH**, Hovingham Avenue, LS8 3QY on **Wednesday 10.30-1pm** on the following dates:

Date	Session
Wednesday 1 st May	Session 1: Introduction and why groups
Wednesday 8 th May	Session 2: Environment, where do you spend your time?
Wednesday 15 th May	Session 3: Occupation (activity) & Health
Wednesday 22 nd May	Session 4: Your occupation (activity)
1 week break (school holidays) 29th May no group session	
Wednesday 5 th June	Session 5: Person, how you work
Wednesday 12 th June	Session 6: Planning and change
Wednesday 19 th June	Session 7: Action Plans
1 week break to put plans into action (support calls/zoom calls available) 26th June no group session	
Wednesday 3 rd July	Session 8: Catch up & Check in
2 week break to put plans into action (support calls/zoom calls available)	
Wednesday 24 th July	Session 9: Evaluation Session

Shore-Up Occupational therapy group programme: Referral Form

This referral form can be used for self-referral or can be completed by health professionals or support services.

Please return via email to contact@shore-up.co.uk

Name:

Date of birth:

Address:

Emergency Contact:

GP surgery:

Do you use any other health or support services? (Please give details)

Referrer

Self

Other

Would you prefer us to contact you or your referrer (if applicable)?

Contact details

Please provide details of phone number and /or email address for both yourself and referrer (if applicable)

Self:

Referrer:

What's the best way for us to contact you? (please tick all that apply)

Phone call

Text

Email

WhatsApp message

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Self-referral: please tell us a bit about yourself and why you would like to come to the Shore-Up occupational therapy group

Referring someone else: please complete this form with the individual to give us a clear idea of how they feel about their current struggles and why they would like to come to the Shore-Up occupational therapy group

Once we have received your referral form, we will be in touch to arrange for us to meet and talk in more detail about what to expect and what your current needs are

- 1) How do you describe your health and wellbeing challenges?
- 2) How does this impact on your daily routines and activities?
- 3) What are you hoping coming to the group will help you with?
- 4) Any other information you think it'd be helpful for us to know?