



**Windmill Community Gardens  
Friday Wellbeing Group Referral Form and Risk Assessment**

**Please return this form with the signed privacy notice, in a sealed envelope to  
WCG Wellbeing, Millmead Children's Centre,  
Dane Valley Road, Margate CT9. 3RU.  
Or by email to [wcgadmin@surestartmillmead.org.uk](mailto:wcgadmin@surestartmillmead.org.uk)**

**Date of Referral** .....

Please refer to our guidelines or contact us with any queries on 01843 280 555. Please assess the person below for a co-worker placement.

**Name:** ..... **Date of birth:** .....

**Address (including postcode):** .....

.....

**Tel (home):** ..... **(Mobile):** .....  
(It is essential to provide at least one contact phone number.)

In which of the project's activities has your client expressed **the most** interest?

**Outdoor Craft**       **Food growing**   
**Wildlife & Conservation**       **General gardening**

**Main reason for referral (incl. medical diagnosis):** .....

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.....

**Other health problems we should be aware of e.g. insulin dependent diabetes, epilepsy, heart condition, back pain etc.**

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**History of violence/aggression, drug/alcohol abuse, self-harm (a risk assessment must be attached for all referrals made):**

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.....  
**Are they currently on CPA:** Yes  No   
If yes, **Care Co-ordinator's Name**.....  
**Address (including postcode):** .....  
.....  
**Tel:** ..... **Email:** .....

**Other Support:**

Name: .....

Position/relationship: .....

Organisation: .....

Address (including postcode):  
.....  
.....  
.....

Tel: .....

Email: .....

**Referrer Details:**

Name: .....

Position: .....

Organisation: .....

Address (including postcode):  
.....  
.....  
.....

Tel: .....

Email: .....

We will contact you to inform you if your co-worker has been invited to an introduction.  
Please supply your email address above to facilitate this. **Thank you for your referral.**



**Risk Assessment:** Please complete this section in full. If any level of risk including **low, medium or high** is recorded, then dates and details are needed.

**Completed by:**

**Date:**

Risk of suicide or self-harm:

None recorded  low  medium  high

Detail and dates

Self-neglect/Exploitation/Abuse by others:

None recorded  low  medium  high

Detail and dates

Substance/Alcohol abuse:

None recorded  low  medium  high

Detail and dates

Risk of harm to others:

None recorded  low  medium  high

Detail and dates



Sexual Risk to others (Inappropriate behaviour/assault/fantasies):

None recorded  low  medium  high

Detail and dates

Has the client ever been convicted of a crime? Yes/No

Detail and dates

Analysis/Summary of Risk Assessment:

None recorded  low  medium  high

Detail and dates