**Social Prescribing Sign Up Form**

Thank you for agreeing to be part of the Wandsworth Social Prescribing service. Our aim is to help people in Wandsworth access the amazing support that is already available within the community. In order to do this safely and effectively, we need to collect some information about the organisations we refer or signpost on to. As providers of social prescribing, we are extremely grateful for the opportunities provided by the voluntary and community sector and want to make sure the social prescribing benefits everyone, therefore if you have any questions, or need assistance completing this form please contact Lelia.Greci@richmondandwandsworth.gov.uk

Name of organisation:

…………………………………………………………………………………………

Registered Charity/Company Number or Other Affiliation:

…………………………………………………………………………………………

Name of individual completing assessment:

…………………………………………………………………………………………

Position or role in organisation:

…………………………………………………………………………………………

1. Please tick the relevant category/s your organization falls under:

[ ] Arts & Culture

☐Clinical support ☐Physical Activity ☐Nutrition ☐ Mental health [ ] Social support [ ] Counseling

 [ ] Other (Please state) ………………………………………………………………..

1. Please summarise the service or activities that your organisation provide.

You may wish to include a website link or timetables:

|  |
| --- |
|  |

1. Do you hold appropriate insurance for your activities? E.g. Public Liability Insurance.

Yes [ ]  No [ ]

1. Does your organisation have the following policies in place?

|  |  |
| --- | --- |
| Data Protection, Information Security and Confidentiality | Yes[ ]  No [ ]  |
| Safeguarding | Yes[ ]  No [ ]  |
| Health & Safety  | Yes[ ]  No [ ]  |
| Equal opportunities  | Yes[ ]  No [ ]  |
|  |  |

1. Do staff and volunteers that work with vulnerable adults and children hold a valid Disclosure and Barring Service (DBS) Certificate as required?

Yes [ ]  No [ ]

1. Are activities risk assessed?

Yes[ ]  No [ ]

1. Within a month, what is the maximum number of new participants/service users you are comfortable taking?

……………………………………………………………………………….

1. Do you have a set criteria for new referrals?

Yes[ ]  No [ ]

 If yes, please briefly describe or attach:

|  |
| --- |
|  |

Please use this section for any further comments:

I confirm that the information completed is accurate and agree to follow all normal procedures when supporting people referred or signposted through social prescribing:

Signed…………………………………………………….. Date…………………………….

Thank you for completing this form.

We will be in touch soon with the next steps.