# Social Prescribing Referral Form

Gaia Wellbeing Collective CIC offers community-based wellbeing activities designed to complement primary care. Each referral is for a minimum of **eight sessions**, as research shows that regular participation is essential to achieve lasting improvements in wellbeing.

Our activities are designed as **community-based preventative and supportive interventions**. They provide safe, structured spaces where participants can:

* Build resilience and confidence.
* Reduce isolation through positive social connection.
* Develop practical tools for wellbeing (e.g. relaxation, reflection, movement).
* Strengthen their sense of purpose and belonging.

Participants should be stable enough to engage in a group setting and able to benefit from non-clinical, community-level support. Where individuals present with complex or high-risk needs, referrals should be directed to specialist mental health or therapeutic services. Our programmes are not a substitute for clinical therapy or specialist mental health services. They are not suitable for individuals who are in acute crisis, experiencing unmanaged trauma, or requiring intensive therapeutic intervention.

**Our Services:**

**Women’s Sharing Circles – 8 weekly sessions (Free places available)**

Safe, inclusive spaces where women can reflect, share experiences, and feel supported in community. For: Women who may feel isolated, low in confidence, or in need of social connection.

**Laughter Wellbeing Sessions – 8 weekly sessions (Free online sessions)**

Gentle, accessible sessions combining laughter exercises and relaxation to reduce stress and boost mood. Sessions combine guided laughter exercises, breathwork, and playful techniques, helping participants develop a sustainable laughter practice.

**Outdoor Bootcamps – 8 weekly sessions (Contact for price)**

Fun, supportive outdoor fitness sessions suitable for all levels, with a focus on strength, movement, and confidence. For: Individuals who want to improve physical health, energy, and resilience in a community setting.

## Section A – Referrer Details

Name:

Role / Organisation:

Contact Email:

Contact Phone:

Date of Referral:

## Section B – Participant Details

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

GP Practice:

## Section C – Service Requested

 [ ]  Women’s Sharing Circles (6 sessions, funded)

[ ]  [ ]  Laughter Wellbeing Sessions (6 sessions, fee applies)

[ ]  [ ]  Outdoor Bootcamps (6 sessions, fee applies)

## Section D – Reason for Referral

 [ ]  Social isolation

[ ]  [ ]  Low mood / anxiety

[ ]  [ ]  Confidence building

[ ]  [ ]  Physical activity

[ ]  [ ]  Community connection

[ ]  Other:

Brief notes on referral (max 100 words):

## Section E – Consent

[ ]

[ ]  I confirm that the participant named above has given their consent for this referral to be made and for their details to be shared with Gaia Wellbeing Collective CIC for the purpose of accessing wellbeing activities.

Signature of referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

## Section F – Additional Information

Access needs (e.g. mobility, language, sensory):

Relevant risks / safeguarding information (only if necessary):

Please return securely to: gaiawellbeingcollective@gmail.com

**Note:** All participants will be invited to take part in our research, which helps us measure outcomes and improve our services. Participants may also continue attending beyond eight weeks where places are available and ongoing benefit is identified.

**Confidentiality Notice**: This referral form contains personal and sensitive information. Please ensure it is handled securely and only shared with Gaia Wellbeing Collective CIC for the purpose of referral.