

Incurably Wonderful - Self-Referral Form (2025)

Thank you for your interest in joining Incurably Wonderful! By completing this self-referral form, you are taking the first step toward connecting with a supportive, patient-led community designed especially for adults living with chronic conditions and disabilities. We understand how important it is to find a space where you feel at home, valued, and empowered—our programs and events are shaped by people just like you, ensuring that every voice is heard and every need is considered.

Your privacy matters to us. All information you provide is kept confidential and managed in strict accordance with GDPR regulations. We are committed to protecting your data and using it only to enhance your experience with our services.

If you have any questions or concerns, please don't hesitate to reach out. You can reach us at incurablywonderful@gmail.com or 07955 702 960 (this line is usually unmanned, but if you state your name and contact number we get in contact with you). We're here for you—because everyone deserves to feel wonderfully included.

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Email Address:

| Your Personal Details | |
|------------------------|--|
| 1. Full Name | |
| 2. Date of Birth | |
| 3. Address & Postcode | |
| | |
| 4. Your contact Number | |
| 5. Your Contact Email | |

| | | |
|---|--|---|
| 6. Your Gender | | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other |
| 7. Your Ethnicity | | |
| <input type="checkbox"/> White <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean or Black British | <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Mixed or Multiple Ethnicities <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Other | |
| 8. Your Preferred Contact Method | | |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Email | <input type="checkbox"/> Either |
| 9. Best time to Contact You | | |

| | | |
|---|--|--|
| About your chronic condition | | |
| Do you have a Chronic Condition or Disability? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Tell us more about your condition | | |
| 1. Please tell us a little more about your chronic condition or disability, any information helps us make our services and events more inclusive and welcoming. | | |
| <input type="checkbox"/> Physical disability <input type="checkbox"/> Long-term pain or musculoskeletal condition <input type="checkbox"/> Neurological condition (e.g., MS, epilepsy, Parkinson's) <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Sensory impairment (e.g., vision, hearing) <input type="checkbox"/> Learning disability or neurodivergence <input type="checkbox"/> Chronic illness (e.g., diabetes, ME/CFS, heart condition) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other | |

2. If possible, please provide details about any chronic conditions or disabilities you have. This is very helpful in making our events and services more welcoming and accessible.

- ☐ CFS (Chronic Fatigue Syndrome)/ME (Myeloencephalitis)
- ☐ Fibromyalgia
- ☐ Arthritis
- ☐ Long Covid

- ☐ Diabetes
- ☐ Cancer
- ☐ Awaiting Diagnosis
- ☐ Prefer not to say
- ☐ Other

3. If there are any other symptoms or conditions you have, or you wish to provide more details about your conditions or symptoms, please do so here.

4. Please let us know if you want us to be aware of any accessibility concerns or adjustments that we should make to ensure you can participate in our sessions.

- ☐ Limited mobility (e.g. walking, standing, other limits to range of motion)
- ☐ Sensory Impairment (e.g. total or partial blindness or deafness)
- ☐ Mental Health concerns (e.g. depression, anxiety, etc)

- ☐ Autism or neurodivergence support needed
- ☐ Not Applicable
- ☐ Prefer not to say
- ☐ Other

5. Please confirm if you need to bring any equipment or individuals with you in order to attend and participate in our sessions. Please be aware we cannot provide specialist staff or equipment if you do not have access to them.

- ☐ Wheelchair
- ☐ Powered Wheelchair
- ☐ Walking Frame
- ☐ Crutches or Walking Stick
- ☐ Sign Language Interpreter

- ☐ White Cane or Guidance Cane
- ☐ Assistance Dog
- ☐ Hearing Aid
- ☐ Support Worker
- ☐ Not applicable
- ☐ Other

| Doctor's Advice | | |
|--|-----------------------------|---|
| Please let us know if you have any conditions - such as issues with blood pressure, heart failure, fainting or epilepsy - which a doctor has advised should be considered before taking part in exercise activities. | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer to discuss directly |

| Your Emergency Contact |
|---|
| 1. Name of your Emergency Contact |
| |
| 2. Phone Number of your Emergency Contact |
| |

| Disclaimers |
|--|
| <p>1. Consent & Privacy</p> <p>Please give your name and the current date to confirm you consent to these points. By signing below I confirm:</p> |
| <p>1. I consent to Incurably Wonderful CIC Processing my personal data for the purposes of supporting my participation in activities.</p> <p>2. My information will be kept confidential and only shared with my consent unless sharing is required by law or there is a risk of harm, abuse or crime.</p> <p>3. I may withdraw my consent at any time.</p> <p>4. I give permission for photographs and electronic media showing me to be used in presentations unless I state otherwise in writing.</p> |
| <p><input type="checkbox"/> I agree to these conditions</p> |

Physical Activity Disclaimer & Waiver

You must confirm your understanding of and consent to these points before attending any physical activities organised by Incurably Wonderful CIC.

Please provide your name and the current date to confirm your understanding and agreement.

By participating in any physical activity, exercise session or event organised by Incurably Wonderful CIC ('the Organiser') I confirm & agree to the following:

1. Assumption of Risk: I understand that participation in physical activities including but not limited to exercise classes, walking, swimming and any other physical events, involves inherent risks of injury, illness and in extreme cases, serious harm or death. I acknowledge that while the organiser takes all reasonable steps to ensure safety, these risks cannot be wholly eliminated.

2. Personal Responsibility: I confirm I am physically and mentally able to participate in all activities I choose to attend and will consult with a healthcare professional if I have any concerns about my health, disability or chronic condition in relation to physical activity. I accept full responsibility for my own health and well-being during all activities and will remove myself from participation if I feel unwell or unsafe at any time.

3. Release of Liability: I waive, release and discharge the Organiser, its staff, volunteers and representatives from any and all liability for any injury, loss, damage or expense I may suffer as a result of my participation, except where caused by the Organiser's proven negligence or where liability cannot be excluded by law.

4. Compliance: I agree to follow all instructions given by the Organiser, its staff or volunteers and to use any equipment as directed, so as not to injure myself or others.

5. Photography and Promotion: I confirm my consent to the use of photographs or electronic images taken during activities for promotional purposes, unless I give the Organiser written notice withdrawing consent.

6. Legal Rights: Nothing in this disclaimer limits or excludes liability on the part of the Organiser for personal injury or death due to negligence, fraud or any other matter for which liability cannot be excluded under UK law on the part of the Organiser.

☐ I agree to these conditions

Please print your name and the current date below.

By submitting this form you agree your name written below will be treated as a legal signature.