Incurably Wonderful - Organisation Referral Form

Welcome to the Incurably Wonderful Referral Form for Organisations

Thank you for supporting adults with chronic conditions and disabilities by referring individuals to Incurably Wonderful. This form is designed for use by organisations and professionals who wish to connect people with our patient-led community, tailored events, and holistic support.

Data privacy and security are our top priorities. All information submitted is handled in strict accordance with GDPR. We only use the details you provide to facilitate support, and we never share personal data without explicit consent except where required by law or to prevent harm.

If you have any questions about the referral process or how we protect your data, please get in touch, you can reach us at Incurablywonderful@gmail.com or at 07955 702 960 (this line is usually unmanned, but if you state your name and contact number we get in contact with you). Thank you for helping us build a more inclusive and supportive community for adults with chronic conditions and disabilities.

Email*

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Referrer's Details
1. Full Name of Individual Making Referral
2. Name of Referring Organisation
3. Address of Referring Organisation
4. Email address of referring Organisation
5. Date of Referral
6. Referrer's Signature
Please confirm your name and the current date.

By entering your name below you confirm your understanding that your written name will be treated as a legal signature.

Patient Personal Details		
1. Full Name of Patient		
2. Patient's Date of Birth		
3. Patient's address and postcode		
4. Patient's Contact Number		
5. Patient's Contact Email		
6. How does your patient prefer to be contacted?		
☐ Telephone	☐ Email	☐ Either
7. What is the Best Time to contact your patient?		
8. Patient's Gender		
☐ Female ☐ Male	☐ Non-Binary ☐ Prefer not to say	
9. Patient's Ethnicity		
☐ White ☐ Black African, Black Caribbean or Black British ☐ Asian or Asian British	☐ Mixed or Multiple Ethnic Groups ☐ Prefer not to Say	

Patient's Medical Details	
1. Please tell us what chronic conditions, disabilities or health challenges your patient faces. This will help us to accommodate them and to improve our services.	
☐ Physical Disability ☐ Long-Term Pain or Musculoskeletal Condition ☐ Neurological condition (e.g., MS, Epilepsy, Parkinson's) ☐ Mental health condition	☐ Sensory impairment (e.g., Vision, Hearing) ☐ Learning disability or neurodivergence ☐ Chronic illness (e.g., Diabetes, ME/CFS, Heart condition) ☐ Prefer not to say ☐ Other
2. Please confirm any specific conditions or symptoms that the patient has which we should know about.	
☐ Fibromyalgia ☐ CFS (Chronic Fatigue Syndrome)/ME (Myoencephalitis) ☐ Arthritis ☐ Long Covid ☐ Diabetes	☐ Cancer ☐ Awaiting Diagnosis ☐ Prefer Not to Say ☐ Other
3. If there are any other symptoms or conditions you want to tell us about or if you wish to provide more details, please confirm here.	
4. Please let us know about any accessibility considerations your patient has as a result of their disabilities or chronic conditions.	
☐ 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 ☐ Prefer not to Say ☐ Not Applicable ☐ Other
5. Please confirm your patient needs to bring any assistive technology or be accompanied by any specialists while attending events.	

Please note that Incurably Wonderful is not able to provide specialist equipment or staff.	
☐ 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

4. Does the patient 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?		
☐ Yes	☐ No	☐ Prefer to discuss personally

Patient's Emergency Contact
1. Name of your patient's emergency contact
2. Contact number of your patient's emergency contact

Disclaimers
<u>Disclaimer - Consent & Privacy</u>
To be signed by patient-patient should provide their name and the current date to confirm their agreement to these points By signing below I confirm: 1. I consent to Incurably Wonderful CIC Processing my personal data for the purposes of supporting my participation in activities. 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. 3. I may withdraw my consent at any time. 4. I give permission for photographs and electronic media showing me to be used in presentations unless I state otherwise in writing.
Sign Here

Physical Activity Disclaimer & Waiver.

Please be aware any patient wishing to attend physical activities hosted by Incurably Wonderful must agree to the terms of this section.

To be signed by patient-patient should provide their name and the current date to confirm their agreement to these points:

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 Liabilty: 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 understand that by typing my name below I confirm that the information provided is true to the best of my knowledge. I also confirm my understanding that my typed name will be treated as my legal signature for the purposes of this referral.

Please print name and date below:

Patient must sign here by entering their printed name and the current date.

By completing this section you agree to understanding your printed name will be treated as a legal signature.