

**Healthy Me referral form**

Healthy Me is a free weekly programme for families with children aged 2 to 4 years. It aims to help children eat well, move more, and get off to the best start in life.

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| --- | --- | --- | --- |
| Name of child: | | | |
| Date of birth: | Gender:  female  male  prefer not to say  other | | |
| Name of parent/carer: | | Relationship to child: | |
| Date of birth: | Gender:  female  male  prefer not to say  other | | |
| Address: | | | Postcode: |
| Mobile phone: | | Consent to voicemail: | |
| Is the family registered at a South Gloucestershire GP surgery:  yes  no | | | |

Child and parent or carer details Date of referral:

Referrer details

To be completed by a referring practitioner. If you are making a self-referral on behalf of your family, please go straight to the equalities monitoring section below.

|  |  |
| --- | --- |
| Name: | |
| Job Title: | Organisation: |
| Contact phone number: | Email: |
| Reason for referral: | |
| I confirm that to the best of my knowledge the family meets the referral criteria. I confirm that I have discussed the service, how their personal information will be used (page 4 of this form) and the family has given verbal consent for this referral.  Date……………… | |

**Equalities monitoring**

By answering the following questions, you will help us ensure we give a good and fair service to everyone. Your answers will be used for monitoring purposes only and treated as confidential.

*The first two questions in this section relate to the child.*

|  |
| --- |
| Ethnic Origin: Please tick the relevant box relating to the ethnicity of your child  □ Arab  **Asian/Asian British**  □ Bangladeshi  □ Indian  □ Pakistani  □ Chinese  □ Other, please state…………..  □  □  **Black/African/Caribbean/Black British**  □ African  □ Caribbean  □ Other, please state……………  **Mixed/Multiple Ethnic Groups**  □ White and Asian  □ White and Black African  □ White and Black Caribbean  □ Other, please state………………  **White**  □ English/Welsh/Scottish/  Northern Irish/British  □ Irish  □ Other, please state……………..  **Other**  □ Any other ethnic group, please state………………  □ Prefer not to say  □ Gypsy or Traveller of Irish heritage |
| Do you consider your child as disabled?  No  Yes – physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches.  Yes - Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment  Yes - Mental health condition, such as depression, anxiety, or schizophrenia  Yes - Learning disability/difficulty (such as Down’s Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)  Yes - Long standing illness or health condition such as cancer, diabetes, chronic heart disease or epilepsy  Yes – other (please state)………………………………………………………………….  Prefer not to say  If yes, please tell us how this affects the way that your child accesses or uses services………………………………………. …………………………………………………………………………………………………………………………… |
| The following questions relate to the parent/carer  Ethnic Origin: Please tick the relevant box relating to your ethnicity  □ Arab  **Asian/Asian British**  □ Bangladeshi  □ Indian  □ Pakistani  □ Chinese  □ Other, please state………….  □  □  **Black/African/Caribbean/Black British**  □ African  □ Caribbean  □ Other, please state……………  **Mixed/Multiple Ethnic Groups**  □ White and Asian  □ White and Black African  □ White and Black Caribbean  □ Other, please state………………  **White**  □ English/Welsh/Scottish/  Northern Irish/British  □ Irish  □ Other, please state…………….  **Other**  □ Any other ethnic group, please state………………  □ Prefer not to say  □ Gypsy or Traveller of Irish heritage |
| Do you consider yourself as disabled?  No  Yes – physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches.  Yes - Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment  Yes - Mental health condition, such as depression, anxiety or schizophrenia  Yes - Learning disability/difficulty (such as Down’s Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)  Yes - Long standing illness or health condition such as cancer, diabetes, chronic heart disease or epilepsy  Yes – other (please state)………………………………………………………………….  Prefer not to say  If yes, please tell us how this affects the way that your child accesses or uses services………………………………………. …………………………………………………………………………………………………………………………… |
| What is your sexual orientation?  Bisexual  Heterosexual  Gay man  Other  Gay woman / lesbian  Prefer not to say |
| What is your religion or belief?  Buddhist  Sikh  Christian  No religion  Hindu  Any other religion, please state……………………………  Jewish  Prefer not to say  Muslim |
| Do you identify as a transgender person?  Yes  No  Prefer not to say |
| Are you currently or have previously served in the UK Armed Forces?  No  Yes – currently serving  Yes – previously served in Regular Armed Forces  Yes – previously served in Reserve Armed Forces |

Please return the referral form via email to: [OneYou@southglos.gov.uk](mailto:OneYou@southglos.gov.uk)

If you have any questions or need help completing this form, please contact us on 01454 865337

**Information for families**

**What is *Healthy Me?***

Healthy Me is a free weekly programme for families with children aged 2 to 4 years to help children eat well, move more and get off to the best start in life.  You will attend 6 sessions that includes family play and bitesize sessions providing helpful tips on:

* screen time and sleep
* keeping hydrated
* me size meals
* packed lunches & snacks
* mealtimes

**How much does it cost?**

The programme is free of charge.

**What happens next?**

Once the referral form has been completed it will be sent to the One You team and they will contact you via email or the telephone to discuss the programme. If you have any questions in the meantime, please contact the One You team on  [01454 865337](tel:01454865337) or email[OneYou@southglos.gov.uk](mailto:OneYou@southglos.gov.uk)

**What do we do with your data?**

We will use your personal information to provide you with a service.  We will share your personal information only with your referrer if appropriate, and with Sporting Chance who deliver the Healthy Me programme, but no one else without your permission.

Upon completion of the service your personal information will be kept securely for twenty years (child data) and seven years for adult data. Statistical information about people who use the service may be retained for longer than this, but this would not identify you.

You may tell us at any time if you would like to stop the service or update your details.

More information about how we manage your personal information is available from [www.southglos.gov.uk/privacy](http://www.southglos.gov.uk/privacy) and [One You South Gloucestershire](https://oneyou.southglos.gov.uk/one-you-south-gloucestershire-privacy-notice/).

If you do not have a computer and would like more information, please contact the One You team on  [01454 865337](tel:01454865337).