**The Friary Allotment Project Starter Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | | | |
| **Date of birth:** | **Gender:** | | | |
| **Email address:** | | **Phone number:** | | |
| **First Language:** | | **Translation required?** | Yes | No |

☐ I do not consent to having my photo taken as part of the allotment project. If I do not opt out of this, I understand my image may be posted online, on social media or within the Friary’s documentation.

**The following questions are to assess how suitable the project is to your support needs.**

**Please select all options that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **If yes, please give details** |
| **I am having thoughts about suicide** |  |  |  |
| **I am having thoughts about self-harm** |  |  |  |
| **I have had thoughts about harming myself in the past** |  |  |  |
| **I am at risk from someone else** |  |  |  |
| **I struggle to manage anger or violence** |  |  |  |
| **I have struggled to manage anger or violence in the past** |  |  |  |
| **I have a history of serious accidental injury to myself** |  |  |  |
| **I have had issues with alcohol or substance use** |  |  |  |

**Do you experience any conditions that may limit your ability to participate in activities?**

**Please select all options that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **If yes, please give details** |
| **Allergies** |  |  |  |
| **Chronic pain** |  |  |  |
| **Hearing impairment** |  |  |  |
| **Visual impairment** |  |  |  |
| **Mental health diagnoses** |  |  |  |
| **Physical or mobility issues** |  |  |  |
| **Learning difficulties** |  |  |  |
| **Incontinence** |  |  |  |

**Are you on any medication? Please give details**

**Are you a carer or responsible for any dependents? Yes / no**

**Are you pregnant or have you given birth in the last 12 months? Yes / no**

**Do you have any other support needs that we should be aware of?**

***IF THERE IS A CHANGE TO YOUR HEALTH WHILE YOU ARE ATTENDING ALLOTMENT SESSIONS YOU MUST INFORM A MEMBER OF STAFF AS SOON AS POSSIBLE.***

**What activities are you interested in? Circle all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **Walking** | **Community gardening** | **Wildlife** | **Arts and crafts** |
| **Yoga/tai chi** | **Woodworking** | **Horticulture** | **Cooking** |
| **Socialising** | **Mindfulness** | **Photography** | **DIY Skills** |

**Any activities not listed:**

**What are you hoping to achieve during the allotment project? Circle all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meet people** | **Spend time outdoors** | **Connect with nature** | **Physical activity and exercise** |
| **Improve mental health** | **Achieve something positive** | **Gain confidence** | **Try new things** |
| **Develop existing skills** | **Take part in activities** | **Learn new skills** | **Help the Friary** |

**Any reason not listed:**

**What makes it hard for you to get involved with nature-based activities? Circle all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **Social anxiety** | **Anxiety of new places** | **Don’t know what is available** | **Lack of motivation** |
| **Cost** | **Lack of appropriate clothing** | **Mobility issues** | **Lack of time** |

**Any reason not listed:**

**Do you have any other suggestions for the allotment project?**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing above, I acknowledge that I have read and understood the Friary’s Allotment Project Code of Conduct. I agree to adhere to the guidelines outlined therein and contribute to maintaining a positive and supportive environment for all participants.