

**The Line - One Step at a Time – wellbeing walks
Referral Form**

Referrer's Information	
Name:	Date:
Organisation:	Relationship to participant (e.g. social prescriber, link worker doctor, community connector)
Telephone:	Email:

Participant's information	
Name:	Date of Birth:
Telephone:	Email:
Address:	Preferred method of contact:
Reason for referral:	Support required to participate:
Please list any health issues we should be aware of:	

Email completed forms to: wellbeing@the-line.org

The personal information that you provide to us in this form will be used by The Line (as the Data Controller) for the following purposes:

- To comply with any of our legal and/or regulatory obligations
- To contact you to deal with a specific query you have raised
- To email you content that you have requested from us

To view detailed information about how we use and store your data please go to our [Privacy page on The Line's website](#).