Nature Buddies - Referral form

### Please complete this form and email to the Activity Provider (marked confidential) using the details given in the advert.

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| --- | --- |
| Your contact details / organisation |  |
| Client’s name, age, address and contact number |  |
| Information on which nature-based activity they would like to attend |  |
| A summary of the support required (include [Mental Health Level](https://dorset-nl.org.uk/wp-content/uploads/2025/06/2.-NASP-Mental-Health-Levels-Web.pdf) if applicable). |  |
| Anything the Buddy needs to know that would help them be sensitive to the person’s situation. |  |
| Please confirm that you have the **consent** of your client to make this referral and share their details. Please confirm that the Activity Provider has consent to contact both you (referrer) and your client. |  |
| How you heard about the Nature Buddies. |  |