**Dear customer,**

**You have been referred to the Healthy Habits programme at Age UK North Tyneside.**

**The Healthy Habits programme offers support to those wishing to change certain habits in their life to reach the goal of a healthier lifestyle. These habits can be related to diet, alcohol, smoking, inactivity or any other habit which has a negative effect on health and wellbeing.**

**The yearlong course includes:**

* **Wellbeing Workshops with guest speakers**
* **Peer-to-peer and 1-2-1 support**
* **Goal setting, monitoring and reflection**
* **Face to face outdoor activities when current restrictions allow**

**This is a free service which expects its participants to be engaged with the long-term support offered by staff, volunteers and other participants.**

**Until such time that Government guideline change, we will be conducting our group sessions over Zoom, with participants receiving a Guide to Zoom as part of their programme welcome pack. We can also offer additional technology support through local partners.**

**The service will work with people, signposting, motivating and enabling them to access information, support and activity.**

**If you have any questions regarding this referral please call Age UK North Tyneside on 0191 280 8484.**

**Referral Form**

Consent must be obtained from the individual being referred to this service for their details to be passed on and for us to contact them. If this section on the referral form is not completed we cannot proceed with the assessment.

Please ensure that all parts of this form are completed, along with referrer details, so we can contact you about this referral if required.

If you have any further questions about the service or would like to discuss a referral please call 0191 280 8484 to speak with a member of the Healthy Habits team.

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| **Has consent to this referral been obtained?**  Yes [] No [] | | | | | |
| **Name** |  | | **Date of Birth** | |  |
| **Address** |  | | | | |
| **Postcode** |  | **Telephone No.** | |  | |
| **Email Address** |  | | | | |
| **Preferred**  **contact method** |  | | | | |
| **Reason for referral or any other information we may need to know at this point** |  | | | | |
| **GP Name and Address** |  | | | | |

|  |  |
| --- | --- |
| **Name of referring professional** |  |
| **Job Title** |  |
| **Location** |  |
| **Contact number** |  |
| **Date** |  |

**Please email completed referrals to:** [**Rachel.haldenby@ageuknorthtyneside.org.uk**](file:///C:\Users\angela%20dawson.AGEUK.000\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\KB7H57YL\Rachel.haldenby@ageuknorthtyneside.org.uk)

**Address: Age UK North Tyneside, Bradbury Centre, 13 Saville Street West, North Shields, NE29 6QP Telephone: 0191 280 8484**