

THE ART WELL

Improving mental health and wellbeing through creativity



Referral form

Please complete the information below.

Name of referrer (if self-referring write 'self'):		
Referrer's email (if not 'self'):		
Date of referral:		
Name		
Address		
Postcode		
Telephone		
Email		

Reason for referral (health and/or social isolation needs)						
Age	18-24		25-64		65+	
Any other relevant information						

Please return this form either by email to Marion at theartwell.kempston@gmail.com, or by post to:

The Art Well

Project 229
229 Bedford Road
Kempston
MK42 8DA

If you have any questions please call: Marion on 07919 802064

Project 229 on 01234 840880