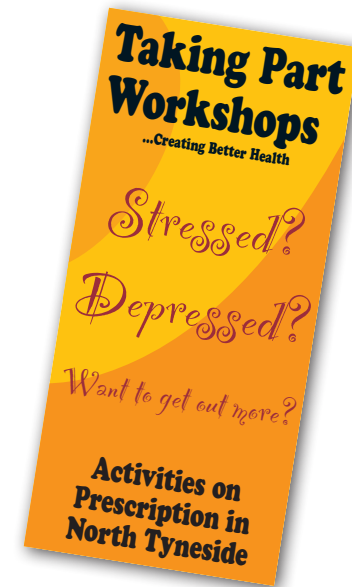
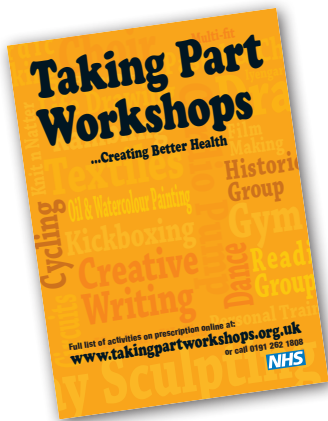


Taking Part Workshops

Activities on Prescription



- 1 Client fills out the top half and hands in to the social worker.
- 2 Either the social worker or the client ticks the outcome boxes.
- 3 The bottom half is signed by the social worker and the team name is written in the box.
- 4 Please post completed slips via the internal mail (courier) to:
**TPW CIC
D 150
Wallsend Town Hall
High Street East
Wallsend
NE28 7RR**

Activities available on prescription in North Tyneside. Fill out the top half and pop it into the repeat prescription box at your GP surgery (no appointment needed) or give it to your social worker.

For the participant:

Name *Joe Bloggs*
Address *93 Tyne Road
Wallsend*
Tel/Mob *07123 456789*
Signature *[Signature]*

For the referrer:

• What are the expected outcomes?

<input type="checkbox"/> Improved confidence and self esteem	<input checked="" type="checkbox"/> Strengthen social relationships
<input checked="" type="checkbox"/> Development of new coping strategies	<input checked="" type="checkbox"/> Engagement with local community
<input type="checkbox"/> Decreased reliance on mental health services	<input checked="" type="checkbox"/> Achievement of personal goals
<input type="checkbox"/> Support accessing groups, volunteering or facilities	<input type="checkbox"/> Other (please state)

Practice Stamp or ASC Team Name
Wallsend CAS

Name *Jane Smith*
Signature *[Signature]*

If you have any queries, please call 0191 262 1808 or email takingpartworkshops@nhs.net

