



Llywybr Gweithgaredd Anabledd Iechyd
Health Disability Activity Pathway

Signposting Form

Please ensure all sections are fully completed, including where available an email address.

Patient Contact Details and Contact Preferences

Name:

Preferred Name:
if applicable

Gender:

Male

Female

Non-binary

Prefer not to say

Date of Birth:

Ethnicity:

Name of Parent / Guardian:
if applicable

Current School / College:
if applicable

Address with Post Code:

Home Phone No.:

Mobile Phone No.:

Email Address:

Contact Preference(s):
Please tick all that apply

Email

Phone Call

Text Message

Can we leave an answer phone message?:
Please tick

Yes

No

Preferred Language:
Please tick

English

Cymraeg

British Sign
Language (BSL)

Nature of Disability / Impairment

Please tick all that apply: _____

Physical Disability (ambulant)

Physical Disability (permanent wheelchair user)

Physical Disability (as-required wheelchair user)

Blind / Visual Impairment

Deaf / Hard of Hearing

Learning Disability

Neurodiverse

Please provide further details regarding the nature of the disability / impairment and patient's functional ability.

Please provide details of:

- any activities that would be of interest to your patient
- any activities that would be suitable/unsuitable
- any positive or negative experiences with physical activity and sport

How far would the patient be able to travel to attend physical activity and sport opportunities?

Privacy Notice

The All-Wales Health Disability Activity Pathway enables health and social care professionals to refer disabled people to their local sports development team in order to be provided with information on inclusive physical activity and sporting opportunities in their local area. The pathway does not replace any existing health and social care provision but simply complements it.

All referrals are sent to Betsi Cadwaladr University Health Board (BCUHB), as the lead organisation, and then passed on to the health board and sports development team nearest to the individual. A member of the sports development team will then contact the individual with details of activities and opportunities local to them. They will also provide feedback via the health board local to the individual, to Betsi Cadwaladr University Health Board, so that they can ensure that support offered remains as effective and helpful as possible. Feedback is also provided to the referrer.

There are some areas across Wales where the service is run by a private provider rather than the Local Authority, therefore if you live in one of these areas, we will need consent from you to share your contact details with them.

Betsi Cadwaladr University Health Boards' Privacy Policy can be reviewed online at: <https://bcuhb.nhs.wales/use-of-site/privacy-policy/>

Patient Consent

Only required for Patients Living in Cardiff, Denbighshire, Flintshire, Blaenau Gwent, Gwynedd and Newport:

I understand that my contact details will be processed for the purpose of receiving advice and support in relation to the Health Disability Activity Pathway. I understand that I can withdraw my consent for this service at any time in accordance with individual's rights under UK GDPR, by contacting: bcu.igrequests@wales.nhs.uk

Name of person providing consent:

Consent provided by:
Please tick

Patient

Parent / Guardian

Today's date:

Referrer Details

Name:

Profession:

Speciality:

Work Base:

Email Address:

I confirm I have discussed the Health Disability Activity Pathway with the patient, and where applicable their parent / guardian, and they have agreed to the referral for signposting. (Please tick)

I confirm that where consent is necessary, I have read and/or supplied the privacy notice and consent statement to the patient and their parent / guardian. (Please tick)

Referral Date:

Completed Forms

Please send completed forms via email to:

AllWales.HDAPReferrals@wales.nhs.uk