



Managing the Challenge

of living with a long term condition

Referral Form

PLEASE COMPLETE IN BLOCK CAPITALS

Client Name: _____

Address: _____

Postcode: _____

Phone number: _____

Email address: _____

Date of Birth: ____/____/____

Primary Long Term Health Condition: _____

Currently the course is delivered online via ZOOM

The course lasts 2.5hrs for 6 sessions, which take place at the same date and time each week.

MTC Pain /Long Term Health Condition course is delivered remotely by an Action Mental Health trainer.

Only complete this section if you are a Referral Agent

Name of referral agent: _____

Job Title: _____

Contact Phone number: _____

E Mail: _____

Date of Referral: ____/____/____

For Data Protection Purposes, please confirm that your client has given their permission for you to send their contact details to the AMH Managing the Challenge Programme Yes / No (Please Circle One)

Please send completed Referral Forms to:

Managing the Challenge
c/o AMH Fermanagh
7 Cherrymount Road
Enniskillen
BT74 4GN

Email to: mtc@amh.org.uk

t: 028 6672 0673

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