



Information and Referral Form

PALS is a programme aimed at changing behaviours and finding solutions to help people face their daily challenges which will allow them to concentrate more on their health and wellbeing.



PALS will bring together different agencies and services to support individuals and families in their households and within their lives. It helps to assess their needs, unpick situations, and provide consistent support in an effort to improve their lifestyle and become more physically active.

The PALS approach recognises that there are three key elements when attempting to create behaviour change:

- Capability to change
- Opportunity to change
- Motivation to change

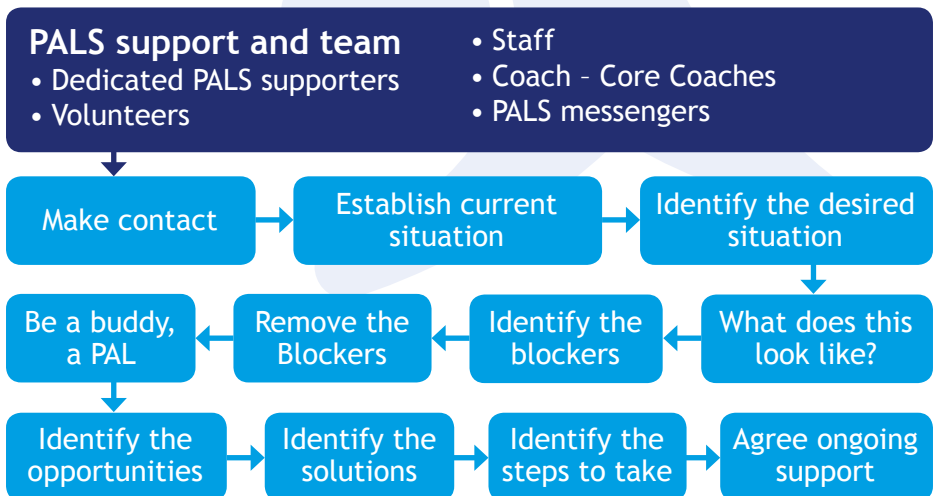
Alongside these, there are also five key factors that have an impact on the above:

- Age
- Socio-economic
- Disability/ condition
- Gender
- Ethnicity

It's more than just signposting, it's about supporting!

A PALS coordinators role is to help join the dots as there are many agencies and organisations working hard to provide services to the people within their community with the aim of improving overall community health and wellbeing.

We will create a package/personal plan to enable a path to a more active and healthier lifestyle working with other agencies to navigate through what is available for the individual or family.



PALS Referral Client Permission and Consent Form

Self-Referral

If after reading this leaflet or talking to someone like a GP you think that this programme may help you then if you wish someone from the programme or the PALS Coordinator can contact you to provide more information.

To be able to contact you the Council needs your consent. By completing the statement below you are only giving permission for the PALS Coordinator to contact you. Further information on how we use your personal information is provided overleaf.

I would like to be contacted by the PALS Coordinator (Bolsover District Council) to talk about what support is available to me.

The following details are needed to support the initial contact:

Title: _____ Forename: _____

Surname: _____ Address: _____

_____ Postcode: _____

I consent to being contacted by:

Phone: _____

Email: _____

Post

Signature: _____ Date: _____

Partner Referral

To be completed if the self-referral has been supported by a partner agency:

Name of agency: _____

Name of referrer: _____

Contact details: _____

[Click here to send this form to craig.barnes@bolsover.gov.uk](mailto:craig.barnes@bolsover.gov.uk)



Using your personal information

Your personal information will be used to make contact with you about the PALS programme. The contact will be made by the PALS Coordinator or one of the team employed by Bolsover District Council. Your information will only be used for this purpose and will be kept secure and confidential.

If you decide to take up any of the options within the PALS programme then the PALS Coordinator will fully explain what personal information may be needed and seek new consents from you as required, for example to share any information with another agency or to collect health information from you.

For more general information on how the Council uses personal data including your individual rights then visit the Council's website www.bolsover.gov.uk or speak to the PALS Coordinator.



We speak your language
Polish **Mówimy Twoim językiem**
Slovak **Rozprávame Vaším jazykom**
Chinese **我们会说你的语言**

**If you require this publication in large print
or another format please call us on 01246 242424**

Post the completed form marked PRIVATE & CONFIDENTIAL to:
PALS Coordinator, The Arc, High Street, Clowne S43 4JY

Contact number:

01246 242216 or 07800 735 086 Email: craig.barnes@bolsover.gov.uk