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| **About Us:** |
| North Tyneside Art Studio uses art and creativity to improve the lives of people experiencing mental health issues. The studio offers a safe space where people develop the confidence and resilience to try new things, learn new skills and form friendships and networks as part of a friendly and welcoming community.  We work with individuals to agree goals and pathways that link art and creativity to better mental health.  The Studio is available to people living in North Tyneside who are experiencing mental health problems and are often facing multiple disadvantages and social isolation. |
| **Joining the Studio – becoming a member** |
| To become a member of the Studio we ask you to -   * Complete and sign this referral form, and have it countersigned by a health or social care professional (e.g your GP, CPN, Social Worker) or by an *approved partner,* e.g Social Prescribing. * Attend a short Induction session which provides you with an overview of the Studio’s Code of Conduct (set out by our Members) and a few health and safety guidelines. Our induction is followed by a creative session to get you on your way.   We also encourage all new members to take part in our 4 week intro workshops programme. This enables you to learn skills in a range of different artforms and supports individuals in the initial stages of attending the studio.  This is a straightforward process and we are happy to guide you through each step. |
| **Opening Hours & Contact Details** |
| Mon to Fri: 9.30am to 4.30pm; Saturday: 9.30am – 3.30pm (currently working to reduced hours due to covid-19)  Tel: 0191 2961156  Address: Linskill Centre, Linskill Terrace, North Shields NE30 2AY.  Email: [info.ntartstudio@gmail.com](mailto:info.ntartstudio@gmail.com)  Website: [www.northtynesideartstudio.org.uk](http://www.northtynesideartstudio.org.uk) |

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| **About you -** | |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

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| **Referral Partner -**  *NOTE: to be completed and signed by a health or social care professional (e.g, GP, CPN, Social Worker) or by a representative of an approved partner organisation:* | | | | | | |
| **INSERT NAME: ..................................................**is seeking a referral to NTAS to participate in creative and artistic opportunities to improve their mental health and wellbeing.  **WE NEED YOU** to support this referral and we would ask you to confirm and complete the following sections. | | | | | | |
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| Your Name | |  | Position | |  | |
| Organisation | |  | | | | |
| Email | |  | Tel. | |  | |
| Please provide information relevant to this referral? | | | | | | |
| I am of the opinion that this person’s Mental Health and Wellbeing may improve from attending and participating at North Tyneside Art Studio. | | | | | | |
| Signed |  | | | Date | |  |
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