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**Potential Participant Information for Social Farming Project (Pilot Participant Form 1)**

(Please ask the significant people in your life to assist you in completing if helpful)

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| Your Name: |
| Address: |
| Contact No. |
| Key Friends and Family: |
| Key Staff: |
| What are you main interests in life? |
| Why would you like to try Social Farming? |
| Who can provide assistance to make the experience a success (Family, Friends, Staff)? |
| What are the main areas you need support in today? (Health, Mobility, Transport, Other) |
| ‘Say a little about your own key strengths and talents.’ |
| What would be most helpful in making this a successful experience for you? |

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| Name of Organisation providing support to you today: |

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| --- | --- | --- |
| Manager: | Phone No: | Email |

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| Date: / / |