



C / A / M
Climb Alongside Mental Health
www.climbalongsidementalhealth.org
info@climbalongsidementalhealth.org

'The C/A/M Climbing Initiative'

Referral Form

I declare that _____ is eligible for 'The C/A/M Climbing Initiative'.

Job Title:

Place of Work:

Signed:

Printed:

Date:

Please bring this form to a supporting climbing wall to claim a free induction session for yourself and up to one accompanying adult.

A list of supporting walls can be found on our website:
www.climbalongsidementalhealth.org