

REFERRAL AND CONSENT FORM

Referral Agent / School Name or NCC: _____

Group to be placed within: _____

Name: _____

Address: _____

Telephone Number: _____

DOB: _____

Parent / Guardians Name: _____

Emergency Contact Number: _____

Doctors Name / Numbers: _____

If excluded please state last school attended: _____

Transport: County Choysez Other Does the young person qualify for free school meals?

Education	Health Issues	Relationship Issues
Truancing	Drug use / abuse	Challenging behaviour
On the verge of exclusion	Alcohol use / abuse	Disruptive behaviour
Excluded: Permanent	Any disabilities	Withdrawn
Excluded: Temporary	Other (asthma / diabetes)	Lack of personal motivation
Low academic achiever	History of Abuse	Lacking in self esteem
Bullied	Other Issues	Lacking in self confidence
Bullying others	Young person has SEN Statement	Experiencing family difficulties
Ex Offender	Young person is on the SEN Register	Have difficulty with authority
Police involvement	Young person is eligible for free meals	Unclear about values
On bail / remand	Young person is a young carer	Suffering from peer pressure
Drug related crime	Literacy and Numeracy needs	History of violence / aggression
Alcohol related crime	Dietary	Victim of violence

Please use the space below to provide details of the above (if required)

If a young carer please provide further details of how we could offer support to them.

Does this young person have a social worker? If yes please provide contact details below.

Does this young person have a YOT worker? If yes please provide contact details below.

Cancellation Charges: Any cancellation of an individual placement will be subject to two weeks' notice via email or two weeks' charges in lieu of notice.

Please sign that you (the referral agent) are willing for any of this information on this form to be shared with the client and also that you agree to the named young person being considered for a place on the personal awareness programme in accordance with the agreed SLA.

Authorising Officer's Signature: _____ Date: _____

Does your child suffer from any conditions of which the party leader should be aware? Yes / No

(e.g. illness, travel sickness, allergies)

If yes please provide details

I understand that whilst my son/daughter are participating in the programme they will be subject to the general code of behaviour and will be required to obey instructions and the advice of Project Workers and accompanying adults, otherwise they may be sent home if necessary. All young people must show respect to staff, adults and the general public at all times when in our care.

Young people are required to show obedient and responsible behaviour whilst away from the Choysez premises. They may be refused the activity if they are believed to be under the influence of drugs or alcohol.

Details of any medication

Name of medications	Dosage	Time of day or circumstances to be given	Method of administration

I give consent for my son/daughter to self-administer the above medication. Yes / No

Is your son/daughter allergic to any medication? Yes / No If yes to any of the above please specify

When did they last receive a tetanus injection? _____

I agree to my son/daughter receiving medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present. Yes / No

IMPORTANT INFORMATION REGARDING ON/OFF SITE ACTIVITIES

If water activities are involved, is your child confident in the water? Yes / No

If this form is not fully completed and returned to Choysez attendance on any activity will not be able to take place.

By completing and signing this form you are agreeing to the named young person participating in any activity/trip named in the activity list. (Available on request)

Please note what is stated within the form is not a detailed list of codes of conduct and regulations. By signing this form you are allowing Choysez to set rules and boundaries for the named person for their own safety and the safety of other young people in our care. In the event of serious misconduct we may inform the police and other agents. In the event of criminal damage by the named young person we may seek to recover costs from yourself. In the event of the named young person needing to be sent home, transport costs may need to be recovered from you.

If you wish to discuss this form in more detail please contact Choysez on 01670 821515 before giving consent.

SECTIONS TO BE COMPLETED BY THE CLIENT

Please sign that you (the client) are willing for this information to be entered on Choysez's database in accordance with the Company's registration under the Data protection Act 1984. Please sign below if you (the client) consent to the use of any photographs of yourself in Choysez from time to time on displays.

I am signing to agree to all the terms outlined on this form.

Signed: _____ Name (print): _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

If the client is under 18, Parent or Guardian also to sign to give permission for photographs of client to be used in Choysez marketing and publicity information. Please sign to authorise all information as outlined on this form.

I Parent/Guardian of the named person consent to him/her receiving medical, dental or surgical treatment (including the administration of anaesthetics) that may be advised by a doctor should I not be able to be contacted, following attempts to do so, prior to such treatment being administered.

Signed: _____ Name (print): _____ Date: _____

