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*:* sportforyou.com 2017

Referral Form

|  |  |
| --- | --- |
| Name of Young Person |  |
| Address |  |
| Contact Phone Number |  |
| Date of Birth |  |

|  |  |
| --- | --- |
| Name of Parent/Carer |  |
| Contact phone Number/emergency number |  |
| Email address |  |

|  |  |
| --- | --- |
| Name of referrer |  |
| Relationship to the young person |  |

|  |  |
| --- | --- |
| School attended |  |

|  |
| --- |
| Description of disability or additional need : |
|  |

|  |
| --- |
| Description of Physical Needs: |
| (no personal care can be delivered during the session) |
| Description of behaviours which may challenge |
|  |

|  |
| --- |
| Description of any allergies |
|  |

|  |
| --- |
| Any additional information? |
|  |

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for him/her to attend the project, run by Entrust Care Partnership, I agree to pay £3.00 per session Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent/do not give consent for photographs to be taken during the project and for these to be shared as a part of the project evaluation and for Entrust Care Partnership’s publicity.

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed referral form to [emmasmithentrust@gmail.com](mailto:emmasmithentrust@gmail.com), or send to Entrust Care Partnership, Fairview House, 26 Vicarage Lane, Harbury, CV33 9HB.

We will contact you directly to confirm the place and share further contact details.