

*A Charity working
with children and
young people*

Charity No. 270486



Est. 1976

DREADNOUGHT

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ASPIRES - CONFIDENTIAL SERVICE REQUEST FORM

Dreadnought Staff, the person making this referral and the young person referred, only, have the right of access to this form.

NAME OF YOUNG PERSON:		
DATE OF BIRTH:	M	F
	<i>Please tick as appropriate</i>	
ETHNIC ORIGIN:		
ADDRESS:		
POSTCODE:		
NAME OF PARENTS: CARER (<i>If Different</i>):		
TELEPHONE:	MOBILE:	EMAIL:
STATUS OF YOUNG PERSON: <i>Please tick as appropriate</i>		
IN CARE	CHILD PROTECTION	FAMILY SUPPORT
		CAF
FAMILY CIRCUMSTANCES:		

ARE YOU AWARE OF ANY ISSUE REGARDING DOMESTIC VIOLENCE – EITHER CURRENT OR HISTORICAL?	
YES	NO

NAME OF PERSON MAKING REFERRAL:	
Name:	Relationship: e.g. Parent, Social Worker

YOUNG PERSON INFORMATION:	
AGE:	SCHOOL/COLLEGE: (If in College please also indicate secondary school attended)

CONSENT FORM

THIS FORM HAS BEEN PRODUCED FOR THE PARENTS / GUARDIANS OF YOUNG PEOPLE TO COMPLETE WITH REGARD TO ANY EMERGENCY THAT MAY ARISE DURING THEIR TIME WITH DREADNOUGHT.

I _____ (PARENT / GUARDIAN) HEREBY GIVE MY PERMISSION FOR A RESPONSIBLE MEMBER OF THE DREADNOUGHT TEAM TO SEEK EMERGENCY TREATMENT IN RESPECT OF _____ (NAME OF YOUNG PERSON) SHOULD AN ACCIDENT HAPPEN WHILST ATTENDING DREADNOUGHT.

DATE OF BIRTH:

EMERGENCY CONTACT NUMBERS:

EMERGENCY ADDRESS:

DOCTORS NAME AND SURGERY:

HEALTH BACKGROUND (ANY ALLERGIES / MEDICATION):

SIGNED ----- DATE -----
(parent / guardian)

IF ANY OF THE ABOVE DETAILS CHANGE, PLEASE LET US KNOW AS SOON AS POSSIBLE.

I give consent for photos of the above young person to be used for promotional purposes for Dreadnought including use in the media and website. Yes No