



CONFIDENTIAL REFERRAL FORM

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

NAME OF YOUNG PERSON:

DATE OF BIRTH:

M

F

ETHNIC ORIGIN:

Please tick as appropriate

ADDRESS:

EMAIL:

POSTCODE:

TELEPHONE:

MOBILE:

NAME OF PARENTS:

CARER (IF DIFFERENT):

CIRCUMSTANCES OF YOUNG PERSON

IN CARE CH/ PROTECTION FAM/ SUPPORT CH IN NEED CAF

Please tick as appropriate

FAMILY CIRCUMSTANCES:

NAME OF EDUCATION/SCHOOL:

EMAIL:

ADDRESS:

PH:

TYPE OF SESSIONS REQUESTED

REASON FOR REFERRAL:

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL TO BE RELEVANT TO THE BEHAVIOUR OF THE YOUNG PERSON BEING REFERRED

YOUNG PERSONS HOBBIES AND INTERESTS:

HAS THIS REFERRAL BEEN DISCUSSED WITH THE YOUNG PERSON'S PARENT/GUARDIANS

YES

NO

NAME OF ANY OTHER AGENCIES INVOLVED:

HAS A RISK ASSESSMENT BEEN UNDERTAKEN: Y PLEASE ATTACH COPY N

NAME OF PERSON MAKING THIS REFERRAL:

RELATIONSHIP TO THE YOUNG PERSON:

WORK TELEPHONE NUMBER:

WORK EMAIL:

FULL WORK ADDRESS:

PAYMENT FOR SESSIONS AGREED BY *Payment is for 12 sessions or 1 term we are not able to rearrange these dates*

*and unless cancelled by Dreadnought these sessions **will** be invoiced.*

Please print in capital letters

NAME:

SIGNATURE:

PLEASE COMPLETE **FULL** INVOICE ADDRESS-

ORGANISATION:

STREET:

TOWN:

P/CODE:

EMAIL:

PHONE:

DATE:

PLEASE SEND THIS COMPLETED REFERRAL FORM TO THE ADDRESS BELOW

Carn Brea Lane, Pool, Redruth, TR15 3DS

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