

*A Charity working
with children and
young people*



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.

PLEASE ADVISE US WHICH GROUP YOU ARE ABLE TO TRAVEL TO, IF MORE THAN ONE PLEASE STATE YOUR PREFERENCE E.G. 1= FAVOURITE.

ASPIRES		ASPIRES JUNIORS	
POOL		POOL	
PENZANCE		ST AUSTELL	
BODMIN		LISKEARD	
ST AUSTELL			
LAUNCESTON			

NAME OF YOUNG PERSON:

DATE OF BIRTH: M F
Please tick as appropriate

ETHNIC ORIGIN:

ADDRESS:

POSTCODE:

NAME OF PARENTS:
CARER *(If Different)*:

TELEPHONE: MOBILE: EMAIL:

STATUS OF YOUNG PERSON: *Please tick as appropriate*
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: Job role e.g. Parent, Social Worker

YOUNG PERSON INFORMATION:

AGE

WORKING AGE (IF DIFFERENT)

SCHOOL/COLLEGE:

INFORMATION FROM CARERS – please add any further information, which may be useful for us to know when working with this young person. For example, interests, any ‘triggers’ to avoid, things which may aggravate a situation and ways to calm a situation etc. Please include details of diagnosis and other existing conditions e.g. ADHD, Dyspraxia.

ANY CLUBS OR ACTIVITIES CURRENTLY ATTENDING:

ANY OTHER AGENCIES INVOLVED: (Please name any key workers.)

HOW DID YOU FIND OUT ABOUT ASPIRES?

HAS A RISK ASSESMENT BEEN UNDERTAKEN: YES

NO

If yes please attach a copy.

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.

EMERGENCY CONTACT NUMBER:

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.