



SPLAT CLUB APPLICATION 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

ETHNIC ORIGIN:

Please tick as appropriate

ADDRESS:

EMAIL:

POSTCODE:

TELEPHONE:

MOBILE:

NAME OF PARENTS:

CARER *(IF DIFFERENT)*:

CIRCUMSTANCES OF YOUNG PERSON

IN CARE

CHILD PROTECTION

FAMILY SUPPORT

CAF

Please tick as appropriate

FAMILY CIRCUMSTANCES:

NAME OF EDUCATION ESTABLISHMENT:

ARE YOU AWARE OF ANY ISSUE REGARDING DOMESTIC VIOLENCE- EITHER
CURRENT OR HISTORICAL?

YES

NO

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

YES

NO

YOUNG PERSON'S HOBBIES/ INTERESTS:

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 Dyspraxia

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:

WORK ADDRESS:

POSTCODE:

Carn Brea Lane
Pool
Redruth
TR15 3DS