

Referral Form



Please complete this form as fully as possible. If the form is not completed it may be returned

Name of Young Person				Date of birth			Age		
Address				School				Gender of young person i.e. Male, Female, Transgender	
Referrers details		Name:		Contact no				Relationship to young person	
				Email address					
How did you hear about Splash?				Has a common assessment framework (CAF) been done with this young person?				YES / NO	
Does this young person have any pre-existing medical conditions, food ALLERGIES or INTOLERANCES?		YES / NO Details				Please give details of any other agencies working with this young person			
Will the young person need to take medication during the project?		YES / NO Details:							
Does this young person present a risk to themselves, other young people or project staff?		YES / NO Details				Is the young person's tetanus immunisation up to date?		YES / NO	
Ethnic Origin (Please indicate as appropriate)				Does the young person have any unspent criminal convictions	Can the young person swim	Can the young person ride a bicycle	Are you a military family	Young person's school attendance last year 0-100%	
Afro-Caribbean	<input type="checkbox"/>	White	<input type="checkbox"/>						
Asian	<input type="checkbox"/>	European	<input type="checkbox"/>						
Chinese	<input type="checkbox"/>	Other please state							
BOOKING CATEGORY INFORMATION – Please indicate in ALL boxes that apply									
A.ABC/CBO <input type="checkbox"/>	B.Engaged in YOT <input type="checkbox"/>	C.Anti-social/negative behaviour <input type="checkbox"/>		D.Non/poor/reluctant school attendee <input type="checkbox"/>		E.Area of Deprivation <input type="checkbox"/>			
F.Family under stress <input type="checkbox"/>	G.Parent/ YP substance misuse <input type="checkbox"/>	H.Child protection plan/issue <input type="checkbox"/>		I.Children looked after (in care) <input type="checkbox"/>		J.Young carer <input type="checkbox"/>			
K.Involved in negative peer group <input type="checkbox"/>	L.Behavioural / Emotional/ learning difficulties <input type="checkbox"/>	M.Statement of SEN <input type="checkbox"/>		N.Financially disadvantaged <input type="checkbox"/>		O.Asylum seeker/ traveller/ Refugee/ minority group <input type="checkbox"/>			
P.Single parent family <input type="checkbox"/>	Q.Homeless/ temporary accommodation <input type="checkbox"/>	R.Victim of bullying/ crime/physical/ mental abuse <input type="checkbox"/>		S.Rural isolation <input type="checkbox"/>		T.Seeks new opportunity <input type="checkbox"/>			
U.Autistic Spectrum Disorder <input type="checkbox"/>	V.ADHD <input type="checkbox"/>	W.Epileptic <input type="checkbox"/>		X. Asperger's <input type="checkbox"/>		Z.Free school meals <input type="checkbox"/>			
Is the young person a Housing Association resident?	Green square <input type="checkbox"/>	Aster <input type="checkbox"/>	Radian <input type="checkbox"/>	Selwood Housing <input type="checkbox"/>	Cottsway <input type="checkbox"/>	Other			
Why are you nominating this young person?									

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Please include all useful information which will enable us to ensure the young person receives adequate support during activities			
strengths	Difficulties/Challenges	personal issues	reactive behaviour

EMERGENCY CONTACT DETAILS			
Name:		Relationship to young person:	
Email:		Mobile:	

Projects Wishing to Attend						
Dates						
Project						

SPLASH CONSENT 2015-2016

In signing this document I declare:

1. I fully understand the information presented to me relating to the proposed Splash activities
2. I am aware that some activities may be considered to be potentially dangerous and I agree/will encourage the young person to wear the appropriate safety equipment.
3. I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged.
4. I understand that all activity providers hold valid public/products and property owner's liability insurance which covers the activities. However, it does not provide cover for personal accidents or loss of personal belongings.

If you wish to take out personal accident or personal belongings insurance for individual young people you must make your own arrangements.

5. I consider my child/my ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date.
6. I agree to ensure that my child/my ward fully understands the behaviours expected on Splash activities as detailed on activity confirmation letters and at www.splash-wiltshire.org.uk/about-splash-wiltshire/our-vision.
7. In the event of an emergency I agree to my child/my ward receiving medication and any emergency dental or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.
8. I agree to Community First and Splash retaining the personal information detailed on this document so that they may contact me in the future regarding positive activities in Wiltshire.

The personal information you provide is for the purpose of processing your application for a Splash project; it will not be processed, or disclosed, in any way incompatible with that purpose. In accordance with the principles of the Data Protection Act 1998 the information may only be disclosed to the Data Subject (yourself) or with your permission. We will however share this information with others for the purpose of processing this nomination and delivery of the project. Please also note this information will be passed on without permission if there is a legal requirement to do so or if there is a risk of harm or threat to life.

Splash, Community First and our partners reserve the right to use digital footage or photographs of young people participating in Splash activities for publicity, promotion and press purposes, including the internet.

If you do not wish the young person's image to be used in this way please opt out by marking the box

<p>Name of parent/guardian.....</p> <p>I am the person with parental responsibility</p> <p>Signature.....Date.....</p>	<p>. Please return this form to:</p> <p>Splash Wiltshire, Community First, Unit C2, Beacon Business Centre, Hopton Park, Devizes, SN10 2EY www.splash-wiltshire.org.uk</p>
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Following organisational assessment of risk to both the individual and other vulnerable young people accessing our services, Community First reserve the right under the Exceptions Order of the rehabilitation of offenders act to refuse participation in our services for individuals if there is compelling evidence that there exists a risk of the individual causing harm to the public, staff team or children or young people accessing our services. This includes young people under investigation of or convicted of a specified offence for the purposes of section 224 CJA 2003.

Community First embraces equality legislation, the Equality Act 2010 protects children, young people and adults against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services and work. There are nine specific characteristics that are protected which are - disability, marriage/civil partnership, pregnancy/maternity, race, religion/belief, gender, sexual orientation,; gender reassignment, age.