



Referral Form

Name of Young Person		Date of birth		Age		
Address		School		Gender of young person i.e. Male, Female, Transgender		
Ethnic Origin (Please state) <small>We use this information to ensure we are reaching underrepresented groups</small>		Please give details of any other agencies working with this young person				
Referrer Details						
Name:	Contact no		Relationship to young person			
	Email address					
Why are you nominating this young person?						
Please include all useful information which will enable us to ensure the young person receives adequate support during activities						
Strengths:	Challenges:	Any personal issues we should be aware of:	Reactive behaviours or potential risk to themselves or others:			
BOOKING CATEGORY INFORMATION – Please indicate in <u>ALL</u> boxes that apply						
<input type="checkbox"/> A. Parent in Prison	<input type="checkbox"/> B. Engaged in YOT	<input type="checkbox"/> C. Anti-social/negative behaviour/behaviour difficulties	<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. Emotional difficulties	<input type="checkbox"/> M. Statement of SEN/Learning Difficulties	<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. Military family (Serving or Veteran)		
<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		
Is the young person a Housing Association resident?	<input type="checkbox"/> Green square	<input type="checkbox"/> Aster	<input type="checkbox"/> Radian	<input type="checkbox"/> Selwood Housing	<input type="checkbox"/> Cottsway	Other (please state)



Please send completed forms to: info@splash-wiltshire.org.uk
 Splash Wiltshire, Unit C2, Beacon Business Centre, Hopton Park, Devizes, SN10 2EY



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Projects Wishing to Attend				
Dates				Is Transport required: YES / NO
Project				Transport required from which advertised pick up point:
Can the young person swim/ride a bike relevant to the activities proposed? (25m swim, competent, safe cyclist)			YES / NO	
SPLASH CONSENT to be completed by a Parent/Guardian				
<p>In signing this document, I declare:</p> <ul style="list-style-type: none"> I fully understand the information presented to me relating to the proposed Splash activities I agree to ensure my child/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 I am aware that some activities may involve an element of risk and 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. 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. <p>If you wish to take out personal accident or personal belongings insurance for individual young people you must make your own arrangements.</p> <ul style="list-style-type: none"> 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. 				
Does this young person have any pre-existing medical conditions, food allergies or intolerances?	YES / NO Details	Will the young person need to take medication during the project?	YES / NO Details:	
<p>Please tick to consent to the following:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I understand that Splash, Community First and their 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.</p> <p><input type="checkbox"/> 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 and from time to time keep me updated with news from across the Community First services.</p>				
<p>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 offender's 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.</p>				
Is the young person under police investigation or have any unspent criminal convictions?	YES / NO Details:			
<p>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.</p>				
<p>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 2018 (DPA 2018) and UK General Data Protection Regulations 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.</p>				
Parent/Guardian Name:		Relationship to young person:		
Parent/Guardian Email:		Emergency contact Mobile number:		
Parent/Guardian Signature:		Date:		

