



# SPORTING CHANCES GROUP REFERRAL FORM



Please fill out every field to the best of your knowledge.

\* Required

Which SC provision/service are you referring to?

- SC Surrey   
  SC Mini   
  SC Outreach   
  Creative Hair & Lashes   
  Kick-boxing

## YOUNG PERSON'S INFORMATION

<b>Full Name*</b>			
<b>Preferred Name</b>			
<b>Age*</b>		<b>Date of Birth*</b>	
<b>Address*</b>			
<b>Ethnicity</b>			
<b>Religion</b>			
<b>Gender*</b>			
<b>School Year*</b>			
<b>Current School / Placement / Provision*</b>			
<b>Current Learning Levels</b>			

**Does the Young Person have any allergies or medical conditions we should be aware of?\***

Please list any/all identified health needs, **inculding** current medication being taken.

- Yes   
  No



**Does the Young Person fall into any of these categories?**

- CLA
  CP
  CiN
  Early Help
  FSM

**Does the Young Person currently have a case worker/social worker?\***

Please provide their name and contact details.

- Yes
  No

<b>Full Name</b>	
<b>Contact Number</b>	
<b>Email</b>	

**Reason for Referral:\***

Please outline in detail why the young person is seeking our support and what they are hoping to gain from the provision i.e., interim return to mainstream, waiting on specialist, alongside another programme.

**Does the Young Person have an EHCP?\***

If yes, please share this with us, as well as completing the referral form in detail.

- Yes
  No

**Does the Young Person have any SEN / SEMH / Learning Difficulties?\***

Please list any/all identified needs below.

- Yes
  No



AREAS OF CONCERN*	✓	PLEASE GIVE DETAILS
Physical or Aggressive Behaviour Towards Peers or Family Members		
Physical or Aggressive Behaviour Towards Staff		
Gang Affiliation		
Substance Misuse (Drugs or Alcohol)		
Bullying Others		
Being Bullied		
Deliberate Self Harm		
Inappropriate Sexual Behaviour		
Exhibiting a Fear of Being Alone		
Absconding		
Anti-Social Behaviour		
Risk of Exploitation (Sexual, Financial, Emotional)		

**Brief Family History:\***

Please give a brief outline of the Young Person’s current living circumstances, relationships with parents/guardians and any other information relating to their home life, which may be important i.e. traumas, bereavements, or sensitive info etc.



Please give details of the Young Person’s achievements, strengths, interests and hobbies:

<b>Strengths</b>	
<b>Interests &amp; Hobbies</b>	
<b>Dislikes</b>	

Any other relevant information:

**1. PARENT / GUARDIAN CONTACT DETAILS**

<b>Full Name*</b>	
<b>Relationship to Young Person*</b>	
<b>Contact Number*</b>	
<b>Email*</b>	
<b>Address*</b>	



**2. PARENT / GUARDIAN CONTACT DETAILS** (Optional)

<b>Full Name</b>	
<b>Relationship to Young Person</b>	
<b>Contact Number</b>	
<b>Email</b>	
<b>Address</b> (If different)	

**EMERGENCY CONTACT\***

<b>Full Name</b>	
<b>Relationship to Young Person</b>	
<b>Contact Number</b>	

**REFERRER'S INFORMATION\***

<b>Referrer's Full Name</b>	
<b>Referrer's Role</b>	
<b>Contact Number</b>	
<b>Email</b>	
<b>School / Service</b>	

**DECLARATION\***

Any information relating to racial or ethnic origin, physical or mental health and criminal convictions constitutes sensitive data as defined by section 2 of the Data Protection Act 1998. I consent to the information given by me being used, in accordance with the principles of the above-mentioned Data act, for the purpose of processing this application for a placement at Sporting Chances. The above information is true and is accurate to the best of my knowledge.

<b>Referrer's Signature</b>		<b>Date</b>	
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Please send your completed referral form together with any relevant reports to [referrals@sportingchances.org](mailto:referrals@sportingchances.org).

If you require any further information, please call us on **0779 1262 112**.