



Sporting Chances - "Encouraging Excellence, Nurturing Talent"

<b>Referrer's Details</b>	
<b>Referrers Full Name</b>	<b>Preferred Provision for Referral (Sports/ Creative/ EOB)</b>
<b>Referring School</b>	<b>Address of School</b>
<b>Contact telephone number(s)</b>	<b>Email address</b>
<b>Please give a brief summary of the reasons why the young person is being referred to Sporting Chances</b>	
<b>Young Person's Details</b>	
<b>Forename(s)</b>	<b>Surname</b>
<b>Known as</b>	<b>DOB</b>
<b>Ethnic origin</b>	<b>Age</b>

<b>Gender</b>	<b>Religion</b>
<b>Present address</b>	<b>foster placement? family home?</b>
<b>Mothers full name</b>	<b>Fathers full name</b>
<b>Mothers phone number &amp; email address</b>	<b>Fathers phone number &amp; email address</b>
<b>Guardians full name &amp; email address</b>	<b>Guardians full name &amp; email address</b>
<b>Names and ages of siblings</b>	

**Health Details**

**Special/Disability Needs? (Please give details)**

**Please give details of any health/medical issues or concerns. Including allergies and any prescribed regular medication / emergency medication.**

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## Areas for Consideration

<b>Concern</b>	<b>Yes/No</b>	<b>Please give details</b>
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)		

## Areas for Consideration

Please give details of the young person's achievements, strengths, interests and hobbies

**Any other relevant information**

**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.**

**Signature of referrer:**

**Date:**

**Please send 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 07949 079517.**