 Sporting Chances -*“Encouraging Excellence, Nurturing Talent”*

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| Referrer’s Details |  |
| **Referrers Full Name** | **Preferred Provision for Referral (Sports/ Creative/ EOB)** |
| **Referring School** | **Address of School** |
| **Contact telephone number(s)** | **Email address** |
| **Please give a brief summary of the reasons why the young person is being referred to Sporting Chances** |
| Young Person’s Details |  |
| **Forename(s)** | **Surname** |
| **Known as**  | **DOB**  |
| **Ethnic origin** | **Age** |
| **Gender** | **Religion** |
| **Present address**  | **foster placement? family home?** |
| **Mothers full name** | **Fathers full name** |
| **Mothers phone number & email address** | **Fathers phone number & email address** |
| **Guardians full name & email address** | **Guardians full name & email address** |
| **Names and ages of siblings** |  |
| 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.**  |

Areas for Consideration

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| --- | --- | --- |
|  **Concern** |  **Yes/No**  |  **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)** |  |  |
| **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**

If you require any further information, please call us on **07949 079517**.