

# CHALLENGE & ADVENTURE

## REFERRAL FORM

|                                                                         |                                             |                                                          |  |
|-------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|--|
| <b>Referee</b>                                                          |                                             |                                                          |  |
| <b>Tel No</b>                                                           |                                             | <b>Date</b>                                              |  |
| <b>Original Referring Agency (Please Circle)</b>                        |                                             |                                                          |  |
| EWO<br>YOT / Early Interventions<br>School Support Worker<br>Connexions | Police<br>Teacher<br>Self Referral<br>CAMHS | Social Services<br>Youth Worker<br>Young Person / Family |  |
| Other _____                                                             |                                             |                                                          |  |

| Young Person's Details              |        |            |     |       |
|-------------------------------------|--------|------------|-----|-------|
| Name                                |        |            |     |       |
| DOB                                 | / /    |            | Sex | M / F |
| Age                                 | yrs    |            |     |       |
| Address                             |        |            |     |       |
| Post Code                           |        |            |     |       |
| Tel No                              | Home   |            |     |       |
|                                     | Mobile |            |     |       |
| School Name & Current<br>Year Group |        |            |     |       |
| School Exclusion?                   | Yes/No | Where now? |     |       |

| Parent(s)/Guardian(s)/Carer(s) Details |         |        |           |
|----------------------------------------|---------|--------|-----------|
| Name                                   | Address | Tel No | Mobile No |
| <b>1*</b>                              |         |        |           |
| 2                                      |         |        |           |

|                                                                                                                                     |                           |                         |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| <b>*Details of primary carer with parental responsibility is essential!</b>                                                         |                           |                         |
| <b>Reasons for Referral (Circle as Appropriate)</b>                                                                                 |                           |                         |
| School Truancy                                                                                                                      | Disadvantaged             | Vulnerable              |
| Low Self Esteem                                                                                                                     | Risk of Offending         | Undetected Offending    |
| Offending-Reprimand                                                                                                                 | Offending - Final Warning |                         |
| Offending-Court                                                                                                                     | No. Appearances _____     | Outcomes _____          |
| Other (specify) _____                                                                                                               |                           |                         |
| <b>State specific reasons for referral including a pen picture of the young person<br/>(This could be drawn up with their help)</b> |                           |                         |
|                                                                                                                                     |                           |                         |
| <b>Outside Interests</b>                                                                                                            |                           |                         |
|                                                                                                                                     |                           |                         |
| <b>Specific Problems (Known/Suspected)</b>                                                                                          |                           |                         |
| ADD / Tourettes / Similar                                                                                                           | Bully                     | Peer Group Difficulties |
| Social Exclusion                                                                                                                    | Bullied                   | Parent Difficulties     |
| Alcohol Use                                                                                                                         | Drug Use                  | Solvent Use             |
| Violence                                                                                                                            | Anger                     |                         |
| Other (specify) _____                                                                                                               |                           |                         |

|                                                                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Declarations</b>                                                                                                                                                                                                                                                                                          |  |
| <b>Referee</b>                                                                                                                                                                                                                                                                                               |  |
| <p>I wish to make the above referral for participation in CHALLENGE &amp; ADVENTURE.<br/> I am fully aware of the nature of the project and feel my candidate is suitable.<br/> I am aware of my responsibility as referee and will support the young person and the project in all that they undertake.</p> |  |
| <b>Signed</b>                                                                                                                                                                                                                                                                                                |  |
| <b>Parent/Guardian/Carer</b>                                                                                                                                                                                                                                                                                 |  |
| <p>I wish for my young person to take part in CHALLENGE &amp; ADVENTURE<br/> The referee has informed me of the nature of the project. I will support both my young person and the project in all that they undertake.</p>                                                                                   |  |
| <b>Signed</b>                                                                                                                                                                                                                                                                                                |  |
| <b>Young Person</b>                                                                                                                                                                                                                                                                                          |  |
| <p>I wish to take part in CHALLENGE &amp; ADVENTURE. My referee has explained the nature of the project to me. I understand what responsibility, commitment and level of participation is expected of me.</p>                                                                                                |  |
| <b>Signed</b>                                                                                                                                                                                                                                                                                                |  |

**Once completed please return to  
CHALLENGE & ADVENTURE, Fine Lane, Shorwell, Isle of Wight, PO30 3JY**