‘Lynn AC Boxing

Boxing Intervention Project Registration and general consent form

**Person Making Referral Referring Agency**

**Correspondence Address**

**Contact Tel. No. Date of Referral**

**Print Name: Signature**

**Reason for Referral**

**Other relevant information**

**Who is aware of this Referral?** Please note parental/child consent must be given if under the age of 18 and consent given by the young person/adult if over 18 before any referral can be sent.

**Young Person** Yes ⬜ **Parent**/**Legal Guardian** Yes ⬜

**Signed: ……………………………………….. Signed: ………………………………….**

**Printed: ……………………………………….. Printed: …………………………………**

**Other Agencies – detail any person already working with this young person i.e. Youth offending, Police, SASBU and/or other agencies, organisations or charities**

Other agencies involved with the young person

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the young person had any Assessments or Action Plans done? (see info sheet)**

Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy available? Yes ⬜ No ⬜

Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy available? Yes ⬜ No ⬜

|  |  |  |  |
| --- | --- | --- | --- |
| Support Needs | Low | Medium | High |
|  |  |  |  |
| Family support |  |  |  |
| Numeracy/Literacy |  |  |  |
| Language skills |  |  |  |
| Health education |  |  |  |
| Transition (school or adulthood) |  |  |  |
| Crime/anti social behaviour |  |  |  |
| Physical/learning abilities |  |  |  |
| Leisure, culture, sport |  |  |  |
| Truancy/non attendance |  |  |  |
| Exclusion/at risk of |  |  |  |
| Safeguarding |  |  |  |
| Drug/alcohol issues |  |  |  |
| Anger management |  |  |  |
| Housing |  |  |  |
| Counselling |  |  |  |
| Behavioural issues |  |  |  |

Young Person Details

|  |
| --- |
| Name of young person  Date of birth  Ethnic Origin:  Religion:  Language Spoken at Home:  Address  Mobile telephone number (if they have one)  With whom does the child/young person live?  Relationship to the child/young person |

**Who has parental responsibility for the child/young person?**

|  |
| --- |
| Name  Address *(if different to above)*  Contact number |

|  |
| --- |
| Name  Address *(if different to above)*  Contact number |

**Emergency contact details** (Please give details of at least one other person in addition to the parent/guardian details above who can be contacted if for any reason the parent does not collect or are unable to care for the child / young person e.g. sudden illness) or for other emergency purposes.

|  |
| --- |
| Name  Contact number  Address  Relationship to child |

**Medical details**

|  |
| --- |
| Date of last tetanus injection:  Any known medical conditions or disability - (e.g. asthma, sickle cell), any regular medication, any special needs.  Details of any medication they are currently taking  Food allergies or special requirements -any religious requirements (e.g. dietary) |

**Doctor information**

|  |
| --- |
| Name of family doctor  Telephone number  Address |

**Parent/carer authorisation**

|  |
| --- |
| I give permission for ………………………………………… to take part in the Lynn AC Boxing - Boxing Intervention Project. I have read and understood all the information provided in the project overview (copy attached). I understand that separate permission will be sought for certain activities than the normal meeting times of the project. This will include any trips, meetings etc. away from the centre.  **Signature of parent/guardian (or adult with parental responsibility): ………………………………………………**  **Print name: Date:** |

**Data Protection**

|  |
| --- |
| The information on this form will be kept in a paper file and on a computer - This information will always be kept safe and secure.  **Signature of parent/guardian (or adult with parental responsibility):**  **…………………………………………………………………**  **Print name:** **Date:**  **This consent is valid until: 1st November 2017** |

###### **Information Sheet**

(This sheet should used by the worker in the referring agency for guidance in completing the referral form)

#### Ethnicity Codes – highlight where applicable

|  |  |
| --- | --- |
| **White** | British, Irish, European, Other White background |
| **Mixed** | White & Black Caribbean, White & Black African, White & Asian, Other Mixed background |
| **Asian** | Asian British, Indian, Pakistani, Bangladeshi, Other Asian background |
| **Black** | Black British, Caribbean, African, Other Black background |
| **Chinese/Other** | Chinese / Other Ethnic group |

**Other Relevant Information**

Any other factual information that will be useful / helpful in providing assistance to the individual or prove a risk for workers who engage with the individual (E.G. special health needs, history of violence, known to services etc…. This information will be treated as confidential.)

**Assessments / Action Plans**