

Saints4Sport

Referral Form

**Update April 2015 - Please email or scan this form to saints4sport@ssj.org.uk
 If this is not possible please call Karen on 07508010344**

We are committed to ensuring a safe and secure environment for the range of services we deliver. To ensure that we provide the maximum support for each person we require the information listed below. Please complete and return this form as above.

If you do not wish to be included or photographed for promoting Saints4Sports in our newsletter or social media please tick box

Client Contact Details

Date of referral / /

Name .

Address .

Postcode .

Tel / mobile .

Email .

DOB (/ /)

Please circle **Gender** (Male / Female / Other)

Services engaged with

Probation	<input type="checkbox"/>	DRR	<input type="checkbox"/>	Drug Treatment Service	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Activity details Please cross the activities the person is interested in:

Weekly Activities

Gym	<input type="checkbox"/>	Box-Fit	<input type="checkbox"/>	Football - 5 Aside	<input type="checkbox"/>	Animal Therapy	<input type="checkbox"/>
Golf	<input type="checkbox"/>	Kickboxing	<input type="checkbox"/>	Women's Get-Fit & Self Defence	<input type="checkbox"/>	Tai Chi cancelled until further notice	<input type="checkbox"/>

Accredited Qualification Courses

Football Coaching – FA Level 1	<input type="checkbox"/>	Active IQ - Level 1 Award in Assisting Health Related Activity Sessions	<input type="checkbox"/>
Fishing For Skills Tuesday's Learn to fish & personnel development - 6 weeks	<input type="checkbox"/>	Fishery Management - Level 1 Wednesdays Learn Fishery Management Skills 12 weeks	<input type="checkbox"/>
CV Workshop	<input type="checkbox"/>	Literacy / Numeracy / IT Skills (Please delete)	<input type="checkbox"/>
Pre-employment Course	<input type="checkbox"/>		<input type="checkbox"/>

Ethnicity Please cross

White	<input type="checkbox"/>	Black	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Other...	<input type="checkbox"/>
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Sexuality

Hetrosexual (straight)	<input type="checkbox"/>	Homosexual (gay)	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Prefer not say	<input type="checkbox"/>
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Religion

Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Other ...	<input type="checkbox"/>
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Support Needs & Risk Assessment

Does the client have any medical conditions / physical or mental health needs? .

Is your Client currently taking any prescribed medication? .

If yes, please provide details below:
.

Does your client have any criminal convictions? .

If yes, please provide details below:
.

Any Safeguarding Children issues?
.

Is there a risk to self or others?
.

Any other relevant information?
.

DISCLAIMER

Saints4Sport make every effort to make our activities safe, however by making this referral, the service user understands they are deeming themselves medically fit to engage with our activities, at their own risk.

Referrer & Service Provider Contact Details

Name . Job Title .

Organisation .

Address .

Postcode .

Tel / mobile .

Email .

Please email or scan this form to email: saints4sport@ssj.org.uk

If this is not possible please call Karen on 07508010344

The information you provide should be correct and current
Any misleading information could result in the person's removal from the activity

For more information contact Lisa Latona 07975797171 or Scott Jones 07535656090