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**Discovery | HorseWorld Trust**

**Keynes Farm | Staunton Lane**

 **Whitchurch | Bristol | BS14 0QL**

**discovery@horseworld.org.uk**

**Discover Horses Discover Yourself**

 **01275 893023**

**Discovery Course Referral Form – TO BE COMPLETED BY REFERRER**

The information asked for on this form is to enable Discovery staff to provide the best support possible for the young person being referred. As a registered Alternative Learning Provision, we are also required to collect some data that is then requested by the local authority so that they can monitor our provision. **All information given is treated as confidential and is stored in line with HorseWorld’s Safeguarding Policy, HorseWorld’s Data Protection Policy and UK-GDPR.**

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| **Name of young person:** | **Referring school/organisation:** |
| **Date of birth: Age:** | **Current school year group:** |
| **Gender:** | **Area young person lives in:** |
| **Name of person referring: Date of referral:****Position:****Email address: Telephone:** |
| **School/organisation address:****Email (if different to above): Telephone (if different to above):** |
| **Does the young person have Pupil Premium funding: YES/NO** | **Is the young person eligible for Free School Meals: YES/NO** |
| **Is the young person a Child in Care (CiC)? YES/NO** |
| **Does the young person have an EHCP? YES/NO/Underway If YES, please share the EHCP with us.**  |
| **Safeguarding: Is the young person on a CP plan or a CiN plan? CP/CiN/NO** **(Any Safeguarding concerns that Discovery staff should be aware of must be detailed in your referral statement on page 2. Discovery’s DSL may request an additional phone conversation with referrer)** |
| **Does the young person have an individual risk assessment? YES/NO** **If yes, please send with referral.** |
| **Please state name and direct phone number for your organisation’s Designated Safeguarding Lead (DSL). In accordance with Discovery’s Safeguarding Policy we will report any Safeguarding concerns to your DSL:**  |
| **Discovery Course Referral Form – TO BE COMPLETED BY REFERRER**  |
| **Referral objectives - *Please give as much detail as possible and use as much space as needed*****Specific areas of concern** ***You must give details of any conditions/concerns that Discovery staff should be aware of eg Autism, ADHD, social, emotional or mental health difficulties, ACES/trauma, incidents of violent behaviour, Safeguarding concerns, mistreatment of animals.*** **Desired outcomes/referral objectives for young person** **Physical *(for post 16 ‘Health’)*****Education *(for post 16- ‘Employability’)*****Wellbeing *(for post 16- ‘Relationships’)*****Thrive *(for post 16- ‘Independence’)*** |
| **Please give any additional details that will enable us to effectively support the young person in an outdoor environment eg sensory needs related to weather and/or outdoor clothing, difficulties with temperature regulation or knowing when they are too hot/cold, history of absconding in open environments** |
| **Is the young person physically disabled? YES/NO****Medical diagnoses (eg ASD, ADHD, Asthma) and/or allergies:****Medications:** |
| **Support and Travel:****NB. If the young person has an RA that states 2:1 or more for an offsite visit the referrer will need to have a risk management conversation with the Head of Discovery and/or the Discovery Operations Manager. If the young person is likely to need Team Teach support/restraint then they must be accompanied by appropriately trained staff from the referring setting.** **Will the young person be accompanied to Discovery by a support worker? YES/NO****Is an additional risk management conversation required? YES/NO****How will the young person be travelling to Discovery?****If taxi please provide us with taxi company details and where the young person will be travelling to and from (eg taxi from school to Discovery then taxi home)** |
| **Young person’s ethnicity (for monitoring purposes only):****Asian British White Irish Black background** **Black British Mixed dual background Asian background** **White British Other white background Traveller background****Prefer not to say Other ethnic background**  |

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| **Logo  Description automatically generatedDiscovery Course Consent form and Emergency Contact Details** **To be completed by parent/carer of young person being referred** |
| **Parent/carer name:** | **Relationship to young person:** |
| **Parent/carer address:** |
| **Email address:**  |
| **Emergency contact phone/mobile no:** |
| **I (name)…………………………..………………………………………………..consent to my child** **(child’s name) .................................................................... participating in the Discovery programme and am aware of the risks involved.****Signed Parent/Guardian/Carer......................................................................Date:…………………………………………** |
| **A picture containing logo  Description automatically generatedDiscovery Course Photograph/ Video Consent****To be completed by parent/carer of young person being referred** |
| **Occasionally, Discovery may wish to take photographs and/or video of young people on Discovery courses for promotional purposes/our own records.** These images may be used to inform others about Discovery and may be used in our fundraising literature, our publications, on our website/social media accounts or sent out to the media with a press release. We will not use the images taken or any other information you provide us with for any other purpose. * **we need your permission before we take any photographs or video of your child.**
* **If you give us your permission, we will also ask your child for their permission before taking any photographs or video – they can refuse at any time.**
* **Names of children and young people will never be used in association with images**.
* **Photographs and video are stored in a secure location and only authorised staff have access to them.**
* **You can contact us to withdraw permission at any time.**
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| **I have read and understood the above and:****I consent to photographs and video I consent to photographs only** **I do not consent to any photographs or video** |
| **Name & age of child:** |
| **Signed parent/guardian/carer:** | **Date:** |