



Play, Play, Play: Referral Form

Name of School:

.....

Child Referred:

First Name:..... Surname:.....

Gender of Child: Female / Male / Other

If other, please state how the child identifies:

Date of birth: DD/MM/YYYY

First Language:

.....

Ethnicity of Child:

.....

Is the child a Looked After Child?

YES / NO

Is the child Adopted?

YES / NO

Child's Class:

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Child's Class Teacher:

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Safeguarding Officer:

Name:.....

Telephone Number:.....

E-Mail:.....

Reasons for Referring Child/What the Presenting Issue Is?

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What are the aims and objectives for the child?

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Which day(s) would be most suitable?

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How many terms would the child like to engage with us for?
(our minimum is 1/2 term per child)

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Would the child require an escort?

Are they protected against Tetanus?

YES / NO

Does the child have any allergies?

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Does the child have any medical conditions we should know of?

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Any other information we should be aware of that would be helpful or might affect them?

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Thank you for taking the time to fill out the Referral Form.

Please return via e-mail to hello@ridingsfarm.co.uk

For any more information, or if you need assistance with completing, please call Lynn on **07722593711**.