



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:

.....

Child's Class Teacher:

.....

Safeguarding Officer:

Name:.....

Telephone Number:.....

E-Mail:.....

Reasons for Referring Child/What the Presenting Issue Is?

.....
.....
.....
.....
.....

.....
.....
.....

What are the aims and objectives for the child?

.....
.....
.....
.....
.....
.....

Which day(s) would be most suitable?

.....

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

.....

Would the child require an escort?

Are they protected against Tetanus?

YES / NO

Does the child have any allergies?

.....
.....

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

.....
.....
.....
.....

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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**.