



CHALLENGE & ADVENTURE REFERRAL FORM

Referee			
Tel No		Date	
Original Referring Agency (Please Circle)			
EWO YOT / Early Interventions School Support Worker Choices	Police Teacher Self Referral CAMHS	Social Services Youth Worker Young Person / Family	
Other _____			

Young Person's Details			
Name			
DOB	/ /		Sex M / F
Age	yrs		
Address			
Post Code			
Tel No	Home		
	Mobile		
School Name Current Year Group			
School Exclusion?	Yes/No	Where now?	

Parent(s)/Guardian(s)/Carer(s) Details			
Name	Address	Tel No	Mobile No
1*			
2			
*Details of primary carer with parental responsibility is essential!			

Reasons for Referral (Circle as Appropriate)		
School Truancy	Disadvantaged	Vulnerable
Low Self Esteem	Risk of Offending	Undetected Offending
Offending-Reprimand	Offending - Final Warning	
Offending-Court	No. Appearances _____	Outcomes _____
Other (specify) _____		
State specific reasons for referral including a pen picture of the young person (This could be drawn up with their help)		
Outside Interests		
Specific Problems (Known/Suspected)		
ADHD / Tourettes / Similar	Bully	Peer Group Difficulties
Social Exclusion	Bullied	Parent Difficulties
Alcohol Use	Drug Use	Solvent Use
Violence	Anger	
Other (specify) _____		

Declarations	
Referee	
I wish to make the above referral for participation in CHALLENGE & ADVENTURE. I am fully aware of the nature of the project and feel my candidate is suitable. I am aware of my responsibility as referee and will support the young person and the project in all that they undertake.	
Signed	
Parent/Guardian/Carer	
I wish for my young person to take part in CHALLENGE & ADVENTURE The referee has informed me of the nature of the project. I will support both my young person and the project in all that they undertake.	
Signed	
Young Person	
I wish to take part in CHALLENGE & ADVENTURE. My referee has explained the nature of the project to me. I understand what responsibility, commitment and level of participation is expected of me.	
Signed	

Once completed please return to
CHALLENGE & ADVENTURE
 HTP Apprentice College, Unit 15-16 Little London, Newport, Isle of Wight. PO30 5BS
 Tel: 01983 824930