LifeCycles Referral

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| Referrer’s name  |  |
| Referrer’s job title |  |
| Referrer’s address |  |
| Referrer’s contact number |  |
| Referrer’s email address |  |
| Young Person’s name |  |
| Date of Birth and current age |  |
| Young Person’s dietary needs |  |
| Young Person’s medical needs |  |
| Young Person’s physical / sensory needs |  |
| Parent / Carer’s name(s) – max 2 adults |  |
| Family address |  |
| Parent / Carer’s contact number |  |
| Parent / Carer’s contact email |  |
| Parent / Carer’s dietary needs |  |
| Parent / Carer’s medical needs |  |
| Parent / Carer’s physical / sensory needs |  |
| Emergency contact name, number and email from an adult who will not be attending the program |  |
| Parent / Carer’s hopes from LifeCycles |  |
| Young Person’s hopes from LifeCycles |  |
| Referrer’s hopes from LifeCycles |  |
|  | Signing below gives consent for the family referred to work with LifeCycles and attend the 4 day intensive program. All Theraplay® sessions will be video recorded and this is stored securely under password protection and deleted 6 months post program. Client information will be stored under password protection. Additional forms will be provided concerning consent for mountain bike tuition. |
| Young Person’s signature if over 14 |  |
| Parent / Carer’s signature |  |
| Referrer’s signature |  |