

4 Children & Young People

1. Why are you referring this young person? *(Tick all that apply)*

- To gain skills/experience
- Volunteer to assist in community as Sports Leader
- Other (please explain)

Please explain why you are referring this person and why you think they will benefit from the scheme:

---

---

---

---

---

---

---

---

---

---

2. What arrangements will be made for transport, fares, lunch etc.?

---

---

3. Are there any other agencies working with this young person (please give contact details)?

---

---

---

---

4. Please give details of any skills / interests or Clubs that they may be involved with, which you feel may be relevant:

---

---

---

5. Does this young person have any special needs? *(Please give details)*

---

---

---

---

6. Is the young person receiving medical treatment or on medication at present?  
(Please give details)

---

---

---

-3-

7. Does the young person have any long-term illness, health problem or disability which limits their daily activities?

---

If yes, please circle which of the following apply:

- |         |           |        |                                |
|---------|-----------|--------|--------------------------------|
| Vision  | Hearing   | Speech | Movement (not wheelchair user) |
| Emotion | Cognition | Pain   | Movement (wheelchair user)     |

8. Has the programme been discussed with the young person? **Yes / No**

9. Has the young person been informed that referral does not guarantee a place on the programme? **Yes / No**

10. Have the parents or guardian been informed of the programme and signed the consent form? **Yes / No**

11. Any other information regarding the young person that you feel we need to be aware of? **Yes / No**

---

---

---

12. Are there any areas that this young person is particularly interested in?  

---

13. What support will be provided for this young person by you/your organisation for the duration of the course?  

---

14. How would this young person describe their ethnic origin?

- |       |                          |           |                          |             |                          |           |                          |         |                          |
|-------|--------------------------|-----------|--------------------------|-------------|--------------------------|-----------|--------------------------|---------|--------------------------|
| White | <input type="checkbox"/> | Scottish  | <input type="checkbox"/> | Irish       | <input type="checkbox"/> | British   | <input type="checkbox"/> | Other   | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Indian    | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | African     | <input type="checkbox"/> |           |                          |         |                          |

Other Ethnic Background (please specify) .....

Signed: .....

Date: .....