

Registration and Disclaimer form:



Please give as much information on this form as possible. If you feel that additional, unrequested information would be useful for us, please make feel free to submit as an addition to this form.

Start Date	
------------	--

REFERRER'S DETAILS

Name of Establishment	
Named Point of Contact	
Job Title	
Department Name	
Contact Number(s)	
Email Address	
Physical Address	
Preferred Initial <u>Emergency</u> Contact*	
Initial <u>Emergency</u> Contact Details*	

DISCLAIMER

Please read and sign the last page of this document to agree to the following disclaimer.

I (name) _____

Confirm that the students participating in this programme are healthy individuals and physically fit to participate in this programme. I know of no reason why participation in this programme would cause any harm. If this is not the case, I take responsibility to notify the programme provider prior to commencement of the programme.

I am happy with Easthall Farmhouse as a training facility.

On this programme all precautions are taken to ensure everyone's safety. Suitable clothing and approved hats are always advised to be worn when dealing with horses; however, I understand that horses are dangerous animals and that handling horses involves a risk of serious injury. I acknowledge and assume all such risks and therefore take overriding responsibility for my students whilst participating in the programme at Learning to Listen, EastHall Farmhouse.

STUDENT DETAILS

Student's First Name		Student's Surname	
Unique Pupil Number (UPN) (If applicable)			
Gender			
Date of Birth		Age	
Approx. Weight			
Ethnicity			
Language(s) Spoken			
Current Address			
Telephone Number			
Living with (Parents/Carers)			
Does the Student belong to any of the following vulnerable groups? Insert 'Y' next to all that apply	<input type="checkbox"/>	Looked After Children	
	<input type="checkbox"/>	Unable to attend school because of medical needs	
	<input type="checkbox"/>	Gypsy/Traveller Children	
	<input type="checkbox"/>	Children of asylum seekers or unaccompanied minors	
	<input type="checkbox"/>	Young Carers	
	<input type="checkbox"/>	School Refusers	
	<input type="checkbox"/>	Teenage Parents	
	<input type="checkbox"/>	Young Offenders	
	<input type="checkbox"/>	Pupil Premium	
<input type="checkbox"/>	Free School Meals		

PARENTS / CARERS / AUTHORITY's DETAILS

Parents / Carers' Name	
Relationship to Student	
Contact Number(s)	
Email Address	
Physical Address	
Other Specific Contact Details	

Carer's Agency Name (if applicable)	
Contact Name	
Contact Number(s)	
Email Address	
Out of Hours Contact Details	

Social Worker Name (if applicable)	
Socials Worker's Local Authority	
Contact Number(s)	
Email Address	
Out of Hours Contact Details	

Authority's Name (if applicable)	
Contact Name	
Contact Number(s)	
Email Address	
Out of Hours Contact Details	

Parents / Carers Involvement. Please provide details of discussion held with parents/carers and their views in regards to this referral.	
--	--

If the student has the involvement of a multi-disciplinary team (ie. CAF, TAC, TAF) please give name and contact details of the case coordinator.	
--	--

IN LOCO PARENTIS

	'Y' = Agree	'N' = Disagree
We/I agree to an Education Specialist providing the students with basic first aid treatment for minor cuts/scrapes. In the event of an emergency or when in doubt, Education Specialists have been instructed to contact the emergency services.		
We/I agree to Learning to Listen Ltd providing equine facilitated learning exercises to the students both on the ground and via ridden activities, in the knowledge that any activities with horses have a risk of serious injury.		
We / I agree to photographs and videos being taken of the students (with their permission) to mark progress and achievement for each student during the programme portfolio.		
We/ I agree to photos and videos that are taken being uses for promotional/marketing purposes.		

EDUCATIONAL INFORMATION - CURRENT

Current Education Provision	
Address	
Time Period at Provision (dates)	
Named Point of Contact	
Contact Number(s)	
Email Address	
Student's Record of Attendance (%)	
Student's Engagement	

Student's Current Year Group	
Student's Current Key Stage	
Academic Attainment	
Literacy/ English (date)	
Numeracy/ Maths (date)	
Science/ Humanities (date)	
Computing (date)	
Other subjects, including PSHE	
Reading Age (date)	
Spelling Age (date)	

Details of any Qualifications / Courses in progress: (exam board, course code, predicted grade, coursework, exam date)	
Details of Long-term Education and Career Plans (CEIAG)	
Details of Statement of Special Educational Needs & Disabilities (SEND) / Education Health & Care (EHC) Plan. (If an EHC Plan has been proposed, please give further details, including dates)	

EDUCATIONAL INFORMATION - PREVIOUS

Previous Education Provision		
Address		
Time Period at Provision (dates)		
Reason for Leaving		
Student's Record of Attendance (%)		

HEALTH & CARE INFORMATION

Known Allergies	
Known Medical Conditions	
Known Mental Health Conditions	
Known Disabilities	
Regular Medication	
Special Dietary Requirements	
Special Disability Requirements	
Details of Other Professional Agencies Involved	
<p>Any further details on the student's current medical, physical, emotional and mental health that we need to consider. Include details on any personalised support in place (e.g. weekly meetings with YOS, CAMHS, LAC Review, Connexions PA, Teenage Pregnancy Coordinators, etc.).</p>	

REINTEGRATION PLAN

What are the Plans to Reintegrate this Student?	
Details of Intended School / AP	
Anticipated Time-scale (weeks / by date)	

PROVISION REQUIRED

Desired Start Date	
Hours per Day	
Days per Week	
Desired Day(s) of Sessions	
Desired Session Times	

ANY SPECIFIC REASONS FOR REFERRAL AND DESIRED OUTCOMES

Please state any reasons/desired outcomes for the participating students:

RISKS ASSOCIATED WITH THE STUDENT

Is this Student at Risk from:	'Y' = 'Yes'	Details	Level of Risk (High, Med, Low)	Strategies to minimise risk
Family Members associating with them				
Adults associating with them				
Children / Young People associating with them				
Sexual Exploitation				
Criminal Activity				
Gangs				
Radicalisation				
Internet / Social Media / Mobile Phone usage				
Female Genital Mutilation				
Other				

Is this Student Known to:	'Y' = 'Yes'	Details	Level of Risk (High, Med, Low)	Strategies to minimise risk
Abscond				
Self-harm				

Misuse Substances (Including Smoking)				
Deal Drugs				
Be Part of a Gang				
Radicalise Others				
Steal Items				
Abuse or Cause Injury to Family Members				
Abuse or Cause Injury to Others				
Threaten Others (Including Bullying)				
Sexually Exploit Others				
Make False Allegations				
Damage Property Maliciously				
Commit Criminal Acts (Including Arson)				
Be Excluded/Barred from Certain Venues/Areas				
Have Issues with Travelling				
Have Difficulty with Anger/Emotion Management				
Exhibit Other Health & Safety Concerns				
Abuse Internet / Social Media / Mobile Phone usage				

Please provide any further information regarding any potentially risky behaviour of which the Learning to Listen team ought to be aware of in relation to keeping the students safe around the horses.

--

FEES & FUNDING

I agree to the payment terms on the enclosed invoice.

Funding Provided By	
Named Point of Contact	
Contact Number(s)	
Email Address	
Invoice Address	
Details of any specific arrangements	

AUTHORISATION

I confirm that I have received and agreed the Learning to Listen Fee Structure and I understand that by signing this form I agree that to the Terms and Conditions of payment and the above disclaimer on page 2.	
Authorised Signature	
Authorised Name	
Authorised Position	
Date	
On Behalf:	

Once we have received the referral form and the student place is officially booked, there is a minimum notice period of half a school term.

Learning to Listen or the Client/Parent/Carer may end this agreement by giving the minimum notice period of half a school term.

If the full notice period is not given, payment is non-refundable for all scheduled sessions.