



AND



Referral Form for 'Getting Out to Get On'

By submitting this form, you are making a request for a place on the Getting Out to Get On group project. Please complete fully & return to alex@waymakers.co.uk. We will respond within 7 days to discuss your referral.

NOTE: A referral does not guarantee a place on the project.

| CLIENT | | | |
|---------------------------------|--|---|--|
| Name: | | Age at referral: | |
| Date of Birth: | | Phone number: | |
| Address: | | Email address: | |
| Needs: (tick all that apply) | autism <input type="checkbox"/> anxiety challenges <input type="checkbox"/> other communication <input type="checkbox"/> | → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> | |
| Existing Support: | There is an Education Health Care Plan in place: Y <input type="checkbox"/> / N <input type="checkbox"/> There is support from social care or other agencies, namely: _____ Client is living in supported accommodation: Y <input type="checkbox"/> / N <input type="checkbox"/> | | |
| Support Worker: | Client will be attending with a support worker: Y <input type="checkbox"/> / N <input type="checkbox"/> | | |

| REFERRER (when client is not self-referring) | |
|--|--|
| Name: | |
| Relationship to client: | |
| Position & Name of Organisation you represent: | |
| Phone number: | |
| Email address: | |

| MOTIVATION FOR ENROLMENT | |
|--|--|
| Please outline the motivation for joining this group project: <i>(e.g. social connection, learning new skills, being outdoors, 'next steps' guidance towards goals, specialist autism support.)</i> | |

| CURRENT SITUATION / STATUS | |
|--|---|
| Briefly outline the client's current situation: <i>(e.g. living situation, current education or employment context, barriers experienced, current goals or wishes.)</i> | |
| Please identify any significant sensory needs: | |
| Please identify any mobility needs: | |
| Does the client... | Have significant mental health needs? Y <input type="checkbox"/> / N <input type="checkbox"/> Are these needs currently being managed? Y <input type="checkbox"/> / N <input type="checkbox"/> |
| Risk Assessment: | Is there a risk assessment in place: Y <input type="checkbox"/> / N <input type="checkbox"/> |
| Risk(s) to client: | |
| Risk(s) to WayMakers & Hakeford Woods staff: | |

| | |
|------------------------------------|--|
| I heard about this project from... | |
|------------------------------------|--|

Please complete fully and return securely to alex@waymakers.co.uk.

All information will be processed and shared with Hakeford Woods Forest School in accordance with WayMakers' Privacy Policy which can be found at www.waymakers.co.uk

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