: Creative Optimistic Visions to the address 11 Steeple House, Percy Street, Coventry, CV1 3BY

Urban Arts Referral Form

Please complete the following information and send to [info@creativeoptimisticvisions.co.uk](mailto:info@creativeoptimisticvisions.co.uk) or post to 213 Walsgrave Road, Coventry, CV2 4HH

Thank you.

|  |  |
| --- | --- |
| Service User details | |
| Nickname |  |
| Name |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Telephone number if can be contacted |  |
| Email |  |
| Sex |  |
| Gender |  |
| Sexual Orientation |  |
| Ethnicity |  |
| Religion |  |
| Does the person have a disability? If Yes please comment. |  |
| Emergency Contact Name |  |
| Emergency Contact Address |  |
| Has the Parent/Carer consented for person (under 18) to engage with our services? | May we take photographs/ videos of your child for use on any web/social media platforms and / or internal documents to promote activities and achievements?  Web Yes / No  Internal documents Yes / No  Can we have child’s mobile phone number for a designated member of staff to contact them if they leave site and do not return or to inform them of any projects we are running e.g meeting times etc.  Yes / No |
| Is an interpreter needed? |  |
| Are there any additional learning needs? |  |

MEDICAL INFORMATION

1. My child has a condition requiring regular medical treatment or medication. Yes No

If yes, give brief details:

2. My child needs to retain control of his/her medication. Yes No

3. The type of pain/flu relief medication your child may be given if necessary:

4. Any recent illness, accident or injury suffered by your child recently which staff should be aware of:

5. My child suffers from the following allergies:

|  |  |
| --- | --- |
| Any focus areas where support is needed |  |
| (For persons under 18) Does the young person have an EHCP, CP or CIN plan? If Yes please specify. |  |

|  |  |
| --- | --- |
| I/ We give permission for my/our child to walk home after Urban Arts? | Yes / No |

|  |  |
| --- | --- |
| Referring agency / person | |
| Agency |  |
| Address |  |
| Telephone number |  |
| Name of advisor |  |
| Email address |  |

Service user authorisation for referral

I authorise my case to be referred to Creative Optimistic Visions.

Young person signature:……………………………………………………………………………………………. Date:

Advisor signature:……………………………………………………………………………………….. Date:

**Data Protection**

Creative Optimistic Visions regards the lawful and correct treatment of personal information as very important. To this end, Creative Optimistic Visions is committed to adhering to the principles of Data Protection, as detailed in GDPR.

All information provided by the service user during the sessions of Creative Optimistic Visions will remain confidential, however, if we feel that the person is believed to be at risk of harm, or others are at risk of harm, we have a duty to report this concern the relevant person and or organisation.