



Referral Form



Changing Lives through Horses

Referral Form

Equestrian Centre: _____

Contact Name: _____

Contact Number: _____

Please provide all information requested

Young persons details:

Name	Gender	D.O.B.	Age
Address		Telephone (home)	
Post Code		Telephone (mobile)	

Medical Information:

Please state:

Any diagnosed medical conditions -

Any prescribed medication currently being taken -

Any Allergies -

Any phobias -



Significant contacts for emergencies:

Name / Address / Contact details:

Relationship to young person

This information will help enable the Equestrian Centre and the programme Changing Lives through Horses to provide you with relevant support

Referral Details:

Agency/School:	Referred by (name): Job Role:
Contact Details:	Contact Details: (Minimum of 2 contact names/numbers)



Other Agency Involvement:

Are you connected to any other agencies / providers?

Yes

No

Agency Details: (if applicable)

Agency	Contact Name & Telephone No.	Brief description of support offered
Social Services		
Youth Services		
Probation		
Police		
Housing		
Health		
Youth Offending Teams		
Other (please specify)		

Education details:

Present or Last School/College attended:

Contact details (if different from page 1):

School attendance:

Regular attendance

Persistent non-attendance

Permanently excluded

Attending alternative education scheme



National Curriculum Levels:

Please detail the latest Literacy and Numeracy academic scoring for the young person. Please use the information in Appendix A of the document for standardised scoring.

Academic Area	Scoring	Date of Assessment
Literacy		
Numeracy		
ICT		
Other (Please Specify)		

Personal/social/emotional/well-being level and comments:

(1 = very poor; 2 = poor; 3 = average; 4 = good; 5 = excellent)

Key Skill	Level	Comments
Communication		
Confidence		
Relationships		
Team work		
Responsibility		
Personal Achievement		

Riding Information:

Horse riding is an unpredictable sport and therefore inherently involves an element of risk

Young Person Height:	
Young Person Weight:	
Interested in horses:	
Any previous riding or equestrian experience?	

Do we need to be aware of any of the following?

Language or communication difficulties

Yes

No (If yes please explain)

E.g. potential need for an interpreter or signer, English a second language

Physical, sensory or learning disability

Yes

No (If yes please explain)

E.g. potential need for an interpreter or signer, SEND requirements



Support with literacy and numeracy

Yes

No (If yes please explain)

Concerns relating to ethnicity or culture

Yes

No (If yes please explain)

Concerns relating to gender or sexuality

Yes

No (If yes please explain)

Concerns about behaviour

Yes

No (If yes please explain)

Concerns about drug/alcohol issues

Yes

No (If yes please explain)



Referral Request Details:

Background information
Reason for referral:

Risk factors: (behaviour, health, disability, potential vulnerabilities)

Measures identified to mitigate risk:

Additional information around social/emotional/behavioural needs:

Where did you hear about Changing Lives Through Horses?

I can confirm that, to the best of my knowledge, the information contained in this referral form is a true and an accurate profile of the referred young person.

Signature _____

Date _____

Print Name _____



Equestrian Centre
Changing Lives through Horses Acceptance Form
 (To be completed by Equestrian Centre)

Acceptance		Reason For Refusal
Y	N	

Outcomes hoping to be achieved:

Please tick if the young person or guardian (if young person is under 18) consents to have photographs taken and used for displays, folder work and /or kept as part of the pupils records and used by staff to promote the Equestrian Centre and The British Horse Society for the Changing Lives through Horses programme.

Participant Programme ID:

Young Person Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

EC Representative: _____ Signature: _____

Date ____ / ____ / ____