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|  | **Outside the Box**  **Wellbeing and Enrichment Service Referral Form** | |
| **Section 1: Referrer Information** | | |
| Name of Referrer: | |  |
| Role/Relationship to Child: | |  |
| Contact Number: | |  |
| Email Address: | |  |
| Organization (if applicable): | |  |
| **Section 2: Child Information** | | |
| Date of Birth: | |  |
| Gender: | |  |
| School/Institution if applicable: | |  |
| Year group: | |  |
| Home Address: | |  |
| Primary Language spoken at home: | |  |
| **Section 3: Parent/Guardian Information** | | |
| Parent/Guardian Name: | |  |
| Contact Number: | |  |
| Email Address: | |  |
| Relationship to Child | |  |
| **Section 4: Reason for Referral** | | |
| Please describe the primary concerns or reasons for referring to Outside the Box, consider:  *Academic Difficulties*  *Behavioral Issues*  *Anxiety/Depression*  *Emotional Well-being*  *Social Skills*  *Other (please specify)* | |  |
| **Section 5: Services Requested** | | |
| Which services are you hoping for?  *Individual Tutoring*  *Social Skills*  *Enrichment Activities*  *Wellbeing and therapeutic input*  *Psychological input/support*  *Other (please specify):* | |  |
| **Section 6: Child’s Strengths and Interests** | | |
| Please tell us about any strengths, hobbies, or interests that the child has, or aspirations for new activities: | |  |
| **Section 7: Current Support and Interventions** | | |
| Is the child currently receiving any support or interventions?  If yes, please describe the support/interventions being provided: | | Yes/No |
| **Section 8: Additional Information** | | |
| Please provide any other information that may be helpful for us to know in supporting the child: | |  |
| **Section 9: Consent** | | |
| Parent/Guardian Consent:  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Child’s Name] to be referred to Outside the Box Wellbeing and Enrichment Service.  I understand that this information will be used to provide the best possible support for my child.  Signature:  Date: | | |