

Discovery
HorseWorld Trust
Keynes Farm
Staunton Lane
Whitchurch
Bristol BS14 0QL
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Referral Form

Name of young person:		Date of birth:	
Area young person lives in:		Male/Female:	
Current school year group:		School/Organisation:	
Name of person referring:		Date of referral:	
Position:			
Email address:		Telephone:	
School/organisation address:			
Email (if different to above):		Telephone (if different to above):	
Reasons for referral			
(please include any specific areas of concern and what it would be useful for the young person to work on whilst at Discovery):			
Is young person eligible for: Free School Meals (FSM):		YES/NO	Pupil Premium funding: YES/NO



To be completed by parent/carer (if not possible then referrer should complete)

Parent/carer name:	Relationship to young person:			
Parent/carer address:				
Emergency contact phone/mobile no:				
About young person being referred:				
Allergies:	Medical conditions:			
Do you consider yourself to be physically disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details if you would like:	Medications:			
Please give details of any other conditions/disabilities/concerns Discovery staff should be aware of eg Autism, ADHD, learning difficulties, social, emotional or mental health difficulties (all information is treated confidentially)				
Ethnicity (for monitoring purposes only):				
Asian British <input type="checkbox"/>	Irish/Irish traveller <input type="checkbox"/>	Black background <input type="checkbox"/>		
Black British <input type="checkbox"/>	Mixed dual background <input type="checkbox"/>	Asian background <input type="checkbox"/>		
White British <input type="checkbox"/>	Other white background <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>		
Prefer not to say <input type="checkbox"/>				
Religion (for monitoring purposes only):				
No religion <input type="checkbox"/>	Christian <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other religion/belief <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Parent/carer comments (any other information you would like us to be aware of)				

To be completed by parent/carer



Discovery Course Consent form

I (your name).....consent to my child (name).....
participating in the Discovery programme and we are aware of the risks involved.

Signed Parent/Guardian/Carer..... Date:.....

Photograph/ Video Consent

Discovery may like to take photographs and/or video of your child for promotional purposes/our own records.
These images may be used to inform others about Discovery and may be sent out to the media with a press release, used in our publications or on our website/social media accounts. We will not use the images taken or any other information you provide us with for any other purpose. Photos will be stored in a secure location and only authorised staff will have access to them.

Names of children and young people will never be used in association with images unless we obtain additional, one-off consent (this would only apply to longer term students who may like their Discovery journey to be used as a case study, in which case you and the young person involved would always be consulted and additional consent obtained in advance of any publication).

In accordance with the Data Protection Act 1998 we need your permission before we take any photographs or video. If you are happy that we use photos or videos of your child if under 18, please tick the appropriate box and sign and date the form where shown.

I have read and understood the conditions of use

I consent to photographs

I consent to video

I do not consent to photography/video

Name & age of child:

Signed parent/guardian/carer:

Date: