

**REFERRAL FORM**

Most people’s needs are usually best supported by those who already work with them for example, children’s centres, schools and GPs but sometimes they may need a little bit of extra support when a difficulty occurs. The Wilderness Foundation UK offers a range of projects and programmes that have been developed to meet the needs of people who are facing a number of challenges in their lives. These can be within a school, family or other social setting, resulting in them putting themselves at risk.

The content of our projects and programmes aims to equip and enable these people to acquire the skills from within themselves to navigate their futures safely and successfully. Our use of nature and the outdoors enhances these outcomes in the form of increased resilience, self-esteem and other social skills.

**Section 1 - Referrer details**

|  |  |
| --- | --- |
| **Name of person completing this form** |  |
| **Organisation (if applicable)** |  |
| **If self-referring who told you about us** |  |
| **Contact Telephone** |  |
| **Contact Email** |  |
| **Alternative contact** |  |
| **Best time to contact** |  |
| **Referrers Consent Signature** |  |

**Section 2 - Person being referred The main family contact needs to sign consent beside the person being referred, unless they are 13 or over in which case they can sign themselves (see section 4.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Age** | **Date of Birth** | **Gender** | **Ethnicity** | **School/education or workplace** | **Consent (if over 13)** |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Name of main family contact** |  |
| **Relationship to person being referred** |  |
| **Signature of main family contact** |  |
| **Contact telephone numbers** |  |
| **Young person contact (only if over 13)** |  |
| **Family address:** |  |
| **Postcode:** |  |
| **Email address:** |  |

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| **Are there any disability or learning needs to be considered for the person being referred** |  |
| **Does the Person being referred have a Statement of SEN?** |  |
| **Are there any heritage, cultural or religious needs (include language) to be considered for the person being referred** |  |
| **Does the person being referred have an education health and care (EHC) plan?** |  |
| **Average number of hours in education provision per week?** |  |
| **Is the person being referred being looked after by Local Authority?** |  |

**Section 3 - Reason for referral**

|  |  |
| --- | --- |
| **Please indicate the issue(s) causing you or the person(s) being referred and details about those concerns** | |
| **Risky behaviours** |  |
| **Aggressive behaviours** |  |
| **Challenging behaviours** |  |
| **Relationship breakdowns** |  |
| **Conflict within the family** |  |
| **Emotional distress** |  |
| **Social isolation** |  |
| **Other** |  |

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| Risks associated with the person being referred | | √ | Comments |
| Do they have a history of violence towards staff? | |  |  |
| Do they have a history of carrying offensive weapons? | |  |  |
| Do they have a history of making false and or malicious allegations/complaints about staff? | |  |  |
| Do they have a history of inappropriate sexual behavior or comments? | |  |  |
|  |  | | |
| **Please tell us what you or person referred has done to address this problem already** | | | |
|  | | | |
| **Please tell us about other help that is in place now or has been in the past to address the problem** | | | |
|  | | | |
| **Has any other help been requested for this problem (for example school, GP, health visitor, friend)** | | | |
|  | | | |
| **Record here the views of the referrers and what is the desired outcome?** | | | |
|  | | | |
| **Record here the views of the person being referred and what they want to get from the help** | | | |
|  | | | |
| **Please tell us if you or person referred has any hobbies, passion or interests** | | | |
|  | | | |
| **Concerns and/or risks: record here** any concerns/risks we should know about before contacting the family/individual: | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Family members** | | | |  | | **First Name** | **Surname** | **Age** | **Relationship or Role** | **Regular Contact** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | **Select services\* required** | **Tick** | **Comments** | | **Out There - (13-15yr olds) – 6 Week Programme** |  |  | | **TurnAround Essex - (15-21yr olds) – 6 Month Programme** |  |  | | **1-2-1 Counselling or Support** |  |  | | **Brave Futures\* - Mental Health** |  |  | | **Blossom\* - (Domestic Abuse)** |  |  | | **Treun - (Schools in Scotland)** |  |  | | **Wilderness Therapy Camps - (Charged Service)** |  |  | | **Others\*** |  |  |   *\* Please check* [*www.wildernessfoundation.org.uk*](http://www.wildernessfoundation.org.uk) *for different entry requirements such as age and location.\* Please* | | | |

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| **Section 4 - Please read our Terms and Conditions page and sign that you have read and give consent for us to access and share information.**  **This section should be signed by the person over the age of 13.** |
| **Information I do not want to be shared:**  **Signed Date** |
| **Parent/Guardian signature This section should be signed by a parent/guardian if the young person is under 13.** |
| **Name Relationship to young person**  **Signed Date** |
| **For the Referrer/Provider**  Is the person able to understand why their information may be shared and are they able to make a consent decision on this basis? |

**Wilderness Foundation UK Terms and Conditions on Information Sharing**

**Why we share personal information -** Sharing personal information helps us to work together to support children, young people and their families and carers. But, it is important to remember that if you don’t let us share your information, this could delay or prevent you from getting the help you need.

# I choose what personal information is shared about me - Most of the time we will tell you what information we might need to pass on and who we need to pass it on to. The types of information to be processed may include: Name, Date of Birth, Gender, Address, and relevant information to inform assessment. If there is something that you don’t want us to pass on about you then we won’t. Please tell the person working with you.

Sometimes we have to share personal information about you without asking your permission, for example:

* If we are worried about the safety of a child, young person or vulnerable adult;
* If we think that a crime may be prevented or found out by sharing it; or
* If a court order is made in criminal or legal cases

# I say no

* You can ask us not to pass your personal information to anyone else at any time
* You can say no at first. You can always change your mind later on
* Or if you say yes you can also change your mind later on

# The benefits of sharing your personal information

* It will help us make sure that you get the right sort of help
* You can quickly find out about the different types of help available to you
* You won’t be asked for the same information lots of times

# You can see what is on you record - If you want to check your own record or talk to someone about how safe and confidential your personal information is, you should talk to the person who is working with you.

# The Referrer – The person making or taking this referral may check with other services and professionals for information about you that may help make a decision about this referral and that you receive the right support.

By signing this form you agree for your personal data to be used by the Wilderness Foundation UK to complete its processes as set out in its Data Privacy Statement, a copy of which is available to view on the organisation’s website. You have the ability to withdraw this approval at any time by contacting the organisation in writing as set out in that Statement.

**Contacting Us**

The Wilderness Foundation UK Ltd is a registered charity and company limited by guarantee.

Our Charity Registration Numbers are 1118493 (England and Wales) SC041697 (Scotland).

Company Registration Number 06003527

Our registered office and main contact address are:

Wilderness Foundation UK

Trinity House

2 Whitbreads Business Centre

Whitbreads Farm Lane

Chatham Green

Essex

CM3 3FE

You can telephone us on 0300 123 3073 (calls charged at local rate)

Our website address is: [www.wildernessfoundation.org.uk](http://www.wildernessfoundation.org.uk)

You can email us at [info@wildernessfoundation.org.uk](mailto:info@wildernessfoundation.org.uk) for general enquiries.

Please return completed Referral Form to the email address of the person that sent it to you or at [info@wildernessfoundation.org.uk](mailto:info@wildernessfoundation.org.uk). Please mark emails as Confidential.

Alternatively print and post the completed form to the address shown above, marked for the attention of the person who gave you this form. Please write Confidential in the top left corner of the envelope.

**What happens next?**

On receipt of your form, a member of our team will contact you to progress your referral.

For some programmes/projects there may be a waiting list due to high levels of demand. Also, based on the needs of the young person, they may be best suited to working with a particular facilitator or therapist who has limited availability, so again there may be a delay between assessing the needs of the young person and the provision actually commencing. You may require to complete additional forms before commencing.

Out There, TurnAround, Brave Futures and Blossom (Domestic Abuse) currently offers funded places. Our bespoke service and wilderness therapy camps are delivered on a fee-paying basis. A fully costed proposal will be provided for your consideration before service commencement.

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