Wiltshire Equine Assisted Learning - Referral Form

Please fill in the form, including the learner's name in the box above, giving as much information as possible that is relevant to the referral. Facilitation is dependent on the information given in order to ensure bespoke sessions are planned to meet the needs of each individual learner.
This form is secure and GDPR compliant.

Referrer Details

Name of referring organisation and position held by referrer

Name of organisation (e.g School, Council etc) Position held by referrer

Name of Referrer (person completing this form) *

First Name   Last Name

Referrer Address: (Please give organisational address if referring from school/council etc)

Organisation (School/College/Social Care/Health Care/Private Referral

Street Address

Town/City   County

Postcode

Referrer Phone Number and Email address *.

Area Code   Phone Number

Email address

Learner details:

Name of Learner being referred

First Name	Middle Name	Last Name

Learner d.o.b

Month	Day	Year

Learner Address *

Street Address

Street Address Line 2

City	County

Postcode

Is the Learner Looked after or Adopted?

◯ Looked After

◯ Adopted

Name of Learner's Parent/Carer *

First Name	Last Name

Parent/Carer Email

example@example.com

Parent/Carer phone number *

Area Code	Phone Number

Prior to making the referral, please indicate all the areas you believe the learner will be interested in:

☐ Interaction with horses.

☐ Being outdoors and taking part in forest school style activities.

☐ Engaging in creative practical activities.

☐ Interacting with animals.

Significant diagnosis relevant to the referral.
Please also include any medical issues that we should be aware of:

Reason for referral: What are the difficulties being experienced by the learner and how is this impacting their experience of education/home life/social interactions and relationships?
Please be as specific as you can as this helps us to plan sessions.

Are there any specific needs that the facilitator should be aware of that may impact on the session - for example, sensory needs, behaviour triggers, high levels of anxiety which prevent engagement, language difficulties?
This helps with our planning.

Will the learner be safe in an open space where there is a public right of way?

Yes. ☐

No ☐   **If No please see below**

Learners will be 1:1 supervised at all times but we cannot accommodate learners who may run from the premises or may be at risk of leaving. Please contact us to discuss if you feel there would be a risk.

Are there any safeguarding issues which we need to be aware of? If MASH are involved with the learner please give details of main contact.

[ ]

We send reports out at the end of terms 2, 4 and 6. Please let us know who you would like these reports copied to:

◯ The

◯ referrer

◯ Parents

    Other professionals involved: Please give contact details below

Details of all professionals you would like to receive learner reports, including their email address:

[ ]

What are your expectations of the sessions and how do you feel our sessions will best support them? Please give 2-3 initial outcomes for staff to work towards during the sessions. *

Are you interested in your learner undertaking any of the following:

◯ A vocational qualification - eg Equine care, Animal care, Conservation

◯ Functional Skills Maths - Entry Level - Level 2

◯ I do not wish my learner to undertake a qualification at the time of referrer.

Who is funding the sessions? Please see our Terms and Conditions.

Email for sending invoices:

example@example.com

Any other information that you feel is important for us to be aware of.

Referral checklist

Please note that we require this referral, an EHCP (where applicable) and signed permission forms prior to sessions starting.
Any relevant safeguarding information should also be shared prior to the last session.
I can be contacted on 07368 155 557 as needed to discuss any sensitive information.

Has the learner's EHCP been attached to referral?
- ☐ Yes
- ☐ No
- ☐ Does not have an EHCP
- ☐ EHCP in progress

Have the permission forms been given to parents/carers for completion? Please ensure these are returned or brought to the last session. We will be unable to start the sessions without these being signed.
- ☐ Participation permission form
- ☐ Data permission form
- ☐ Covid Policy form

Referrer Signature

Date of referral

☐	☐	☐
Month	Day	Year