WILTSHIRE EQUINE ASSISTED LEARNING

Referral Form

LEARNER NAME ……PRONOUNS……

Please fill in the form giving as much information as possible that is relevant to the referral. Facilitation is dependent on the information given. 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

Referrer Phone Number and Email address *.

Phone Number Email address:

LEARNER DETAILS:

Learner D.O.B

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/Carers *

Parent/Carer Email

Parent/Carer phone number *

Contact details of other professionals supporting learner (social worker, CAMHS, MASH etc) and other provisions attended?

Significant diagnosis relevant to the referral and any medical needs that we should be aware of:
NB A MEDICAL NEEDS FORM must be completed IN ADDITION for issue of medication or allergy treatment

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. There is a public footpath on site and access to a main road.

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:

- ☐ Referrer
- ☐ Parent / Carer

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.

FUNDING

Who is funding the sessions?
NB payment is due **before** the start of sessions**,** see our Terms and Conditions**.**

Email for sending invoices:

CHECKLIST

-Please note that we require this referral, an EHCP (where applicable) and signed permission forms prior to sessions starting.
-Please inform those transporting learners that they will be required to hold the learner in their car until collected and be on time to receive them at the end of their session.
-Any relevant safeguarding information should also be shared prior to the last session.
Please email hannah@wiltshireequineassistedlearning.co.uk or telephone 07368 155557 to discuss any sensitive information.

Has the learner's EHCP been attached to referral?

- ☐ Yes
- ☐ Does not have EHCP

Have the permission forms been given to parents/carers for completion?
Please ensure these are completed and emailed or brought to the first session.
We will be unable to start the sessions without these being signed.

- ☐ Yes

Referrer Signature

Date of referral

Month Day Year