



AND



Referral Form for 'Getting Out to Get On'

By submitting this form, you are making a request for a place on the Getting Out to Get On group project. Please complete fully & return to alex@waymakers.co.uk. We will respond within 7 days to discuss your referral.

NOTE: A referral does not guarantee a place on the project.

CLIENT			
Name:		Age at referral:	
Date of Birth:		Phone number:	
Address:		Email address:	
Needs: (tick all that apply)	autism <input type="checkbox"/> anxiety challenges <input type="checkbox"/> other communication <input type="checkbox"/>	→ formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/>	
Existing Support:	There is an Education Health Care Plan in place: Y <input type="checkbox"/> / N <input type="checkbox"/> There is support from social care or other agencies, namely: _____ Client is living in supported accommodation: Y <input type="checkbox"/> / N <input type="checkbox"/>		
Support Worker:	Client will be attending with a support worker: Y <input type="checkbox"/> / N <input type="checkbox"/>		

REFERRER (when client is not self-referring)	
Name:	
Relationship to client:	
Position & Name of Organisation you represent:	
Phone number:	
Email address:	

MOTIVATION FOR ENROLMENT	
Please outline the motivation for joining this group project: <i>(e.g. social connection, learning new skills, being outdoors, 'next steps' guidance towards goals, specialist autism support.)</i>	

CURRENT SITUATION / STATUS	
Briefly outline the client's current situation: <i>(e.g. living situation, current education or employment context, barriers experienced, current goals or wishes.)</i>	
Please identify any significant sensory needs:	
Please identify any mobility needs:	
Does the client...	Have significant mental health needs? Y <input type="checkbox"/> / N <input type="checkbox"/> Are these needs currently being managed? Y <input type="checkbox"/> / N <input type="checkbox"/>
Risk Assessment:	Is there a risk assessment in place: Y <input type="checkbox"/> / N <input type="checkbox"/>
Risk(s) to client:	
Risk(s) to WayMakers & Hakeford Woods staff:	

I heard about this project from...	
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Please complete fully and return securely to alex@waymakers.co.uk.

All information will be processed and shared with Hakeford Woods Forest School in accordance with WayMakers' Privacy Policy which can be found at www.waymakers.co.uk

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