



Referral form for a placement at Animal Antiks – Education

Name & Contact details of person being referred:

Name:

Address:

Postcode

Phone:

Email:

Contact details of person completing the form:

Name:

Connection with person being referred:

Organisation name (if relevant):

Phone:

Email:

A bit more about the person being referred (must be over 10 years old):

Gender: Male Female Other Rather not say

Current age: Date of Birth Ethnicity:

Which school, college or other support services do you attend, or what do you do each day?

What was your attendance at school, college or support service in the last full term?
(please give a percentage)

What hobbies/interests do you have?

What things don't you like/upset you?

What are your current difficulties/concerns?

What do you hope to achieve by coming to Animal Antiks?

Are there any animals you particularly like?

Are there any animals you are concerned/afraid of?

Health & Wellbeing

Please tick any which are relevant

<input type="checkbox"/> Physical disability	<input type="checkbox"/> Autism/ADHD	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Mental health difficulties	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Speech impairment
<input type="checkbox"/> Mobility issues	<input type="checkbox"/> Reading/writing difficulties	<input type="checkbox"/> Behavioural issues
<input type="checkbox"/> Personal care needs	<input type="checkbox"/> Social/emotional difficulties	<input type="checkbox"/> Barriers to learning

Please provide further details on any of the above which have been ticked, including how they are managed/medicated and how they affect you on a day to day basis.

Do you currently receive 1:2:1 support from a Teacher Assistant (TA) or Personal Assistant (PA). If so, please explain the support received?

Please tick if you have any of the following and provide a copy

- An EHCP (Education, Health and Care Plan)
- A personal risk assessment
- A child protection plan

Which other organisation or agencies are involved with providing support and named professional contact details if appropriate

We advise that you ensure your Tetanus vaccinations are kept up to date.
When were your last tetanus vaccinations?

Your placement preferences:

What type of placement are you looking for:

Farm Therapy Post 16 training

How many sessions or full days are you looking for each week (please select)

Day	AM (10-12 noon)	PM (1-3pm)	All day (10-3pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Do you hope to attend: Term time only

How will you be attending the session?

On your own with a support worker/carer

How will you get to Animal Antiks?

Bus Private car Taxi Other (please detail)

How will sessions be funded?

EHCP School Local Authority Direct payment Private funding

Other (please specify)

DECLARATION:

By completing this form, you have confirmed that the information on this form is correct to the best of your knowledge and understand that the information contained in this form will be kept safe in the person's personal file. The full privacy notice can be found on our website www.animalantiks.co.uk

Name:

Date:

Next Steps:

Please send this completed form by email to office@animalantiks.co.uk or in the post to:

Animal Antiks, Manor Farm, St Johns Lane, North Marston, Buckingham MK18 3PU.

We will contact you to discuss if we think a placement would be suitable and whether we have availability. We would then invite you (and a family member, carer or support worker) for a short visit to the farm so you can see where we are, what we get up to and discuss the potential placement. There will then be a trial session offered if appropriate.

Our Designated Safeguarding Lead is Marie Johnson who can be contacted on 01296 670996 or 07769 815958. If you wish to discuss this referral request or want help filling in the form please call us on 01296 670996 or email office@animalantiks.co.uk and we will be pleased to help.