

YOUTH ALIVE Referral - please send to Helen Price at: socialprescribing@enfieldva.org.uk

Referral Date Referrer name

Referrer Organisation and relationship with referred person Referrer email & tel no

Young Person Details

Name NHS no

Gender DOB Tel no & email address

Home Address inc postcode

Parent/Carer Name & Contact No. Parent/Carer email address

Reason for Referral Child or Young Person is interested in...(PLEASE TICK)

Physical activity – Sport Team Sports Physical Activity – non sport (eg Dance) Arts/Theatre Non-Curriculum skills development

Environment/being outdoors Social stuff/meeting people Creative Arts/Painting Goal setting/Life coaching Volunteering

Additional Information – please continue on the reverse of this form if more space required.

Professional Consent

In my professional opinion I know of no reason why the above named person is unable to undertake one or more of the above activities. Consent was obtained from the young person and the referral was discussed with the individual

Signature: Print Name:

Young Person Consent

I agree to the release of details about me to relevant people at YOUTH ALIVE. I confirm that:

- I understand confidentiality is assured subject to certain conditions regarding safety
- I am responsible for my own actions at all times
- I am undertaking this programme of my own free will
- I can withdraw my consent and this will be acted upon

Signature: Print Name: