

# SERVICE REQUEST FORM



Name of person completing form:

Thank you for taking the time to complete this form. Please complete with the young person present (if possible) to ensure that they are comfortable with the information shared.

This form has been completed (please tick):

- With the young person
- On behalf of the young person

## CONFIDENTIALITY - What happens when I tell you something?

We will not share information you tell us with other people or organisations without your consent. However, if you tell us about something where you or another person are at risk of being harmed then **we may have to pass on such information to the relevant authorities**; we are bound by the law to do so. We always aim to speak to you beforehand if possible but our main priority is to **keep you and others safe**. We may also share this information with members of our team and ask you if we can pass on to other professionals if we believe that it will **improve the service that you receive**.

## BF ADVENTURE VALUES

JOURNEY OF CHANGE

### CHANGING PERSPECTIVES



We embrace diversity and recognise everyone has a part to play in life. No one should face discrimination and we challenge both its roots and its impact.



### TRUST

At BF Adventure we believe that our environment, should be a safe space for all, igniting positive relationships based on trust and respect.

### COLLABORATING

We believe working together achieves the best results. We actively explore new partnerships with those who share our values.



### EMPOWERING

We listen to you and value your opinion. We enable you to face challenges and make informed decisions.



### INTEGRITY

We welcome a culture of honesty and openness that allows us to learn and grow together. We do what we say!



### SUSTAINABILITY

We seek to deliver lasting change and to minimise our impact on the planet.

Date of Service Request:

---



Please tell us a little more about you...

Name:

Next of Kin:

Date of Birth:

Landline:

Mobile:

Work:

Address:

Gender:

Post Code:

Ethnicity:

Please tell us about your health and well-being...

Name of GP:

Do you consider yourself to have a learning disability? Yes/No

Surgery Address:

(If Yes please use the space to provide more information)

Telephone:

Date of last Tetanus injection:



**Please tell us about your health and well-being...**

Do you have any medical needs? (This could include information about asthma, epilepsy, recent broken bones. Please also tell us if you require medication during a usual day).

Do you consider yourself to have a physical disability? Yes/No  
Please use the space to tell us more information...

Do you have an EHC plan? Yes/No

Have you had a CAF? Yes/No  
Please use the space to tell us the name and organisation of the Lead Professional.

Have you had a Boxall Profile completed with you? Yes/No

Have you had a Thrive Assessment? Yes/No



**Please tell us about your education...**

Do you currently attend school? Yes/No

Can you tell us a bit more....what do you enjoy about school, what do you find difficult?  
Is there anything else you would like us to know?

What would a great day at school look like for you?



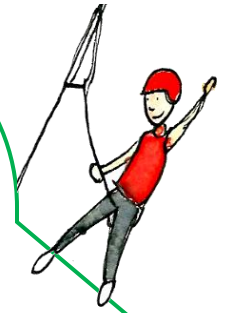
Please tell us about you, your hobbies and your home life.

What do you like to do in your spare time?

Can you tell us about something you have achieved that makes you feel proud?

Who do you live with at home?

What is your life like at home?



Can you tell us about other professionals who you work with?

For example do you have a Targeted Youth Worker, a Social Worker, a CAMHS worker?

We work closely with other professionals so it would be good to know their names.



Here at BF Adventure we support people to overcome barriers. For example some people have experienced bullying, anxiety, trouble sleeping, thinking about hurting themselves or perhaps smoking or using substances. There's no rush, tell us when you are ready.

Do you have any worries or barriers? Can you tell us a little bit more?



Ask your worker – Is there anything that they would like to add?

BF Adventure supports children and young people to make positive changes in their lives. We call these 'outcomes'. We support children and young people to:

- + Feel more confident
- + Improve their well-being
- + Improve communication skills
- + Build more positive relationships.
- + Feel empowered so that they can make decisions that are right for them.



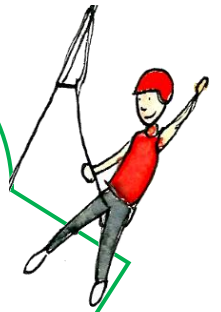
How do you think coming to BF Adventure will help you?

Which outcomes would you like to work towards?



Now ask your worker – how do they think coming to BF Adventure will help you?  
What outcomes do they think you could work towards?

Is there anything else you wish to tell us?



## For the Referrer to Complete

Information about the referrer

Name:

Role and Organisation:

Address:

Contact numbers:

Email address:

How will the transport be provided?

### Who will fund the provision?

Name:

Organisation and Department:

Where invoices should be sent?

Email:

Postal:

Is there any additional information that we need to keep this young person and our staff safe?

Thank you for taking the time to complete this form.

