

SERVICE REQUEST FORM 2024



Please email completed forms to: referrals@bfadventure.org

Please email any queries to: skillsforlife@bfadventure.org

Thank you for taking the time to complete this form. Please complete the form with the young person present (if possible) to ensure that they are comfortable with the information shared. Please note, this form must be completed in full before we can continue with the referral process.

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.

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!

COLLABORATING

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



SUSTAINABILITY

We seek to create lasting change and to consider future generations in all of our decision making.



Safeguarding children and young people underpins everything we do

BF Adventure | Goodygrane Activity Centre | Halvasso | Longdowns | Penryn | TR10 9BX

SERVICE REQUEST FORM 2024



Name of person completing the form:

Today's date:

Is the young person a Child in Care?

This form has been completed (please tick):

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

Please tell us a little more about you...

Legal Name:

Preferred name (if different):

Date of birth:

Address:

Postcode:

Sex:

Male Female Intersex

Gender identity & pronouns:

Ethnicity:

Is there anything you need us to know in relation to your religious or cultural beliefs?

Type of provision required?

Learn Differently

- 1:1 provision
- Paired provision
- Group provision

Group Programmes

- Head Out
- Head Out LGBTQI+
- Head Out - Bodmin Site

Other

- Family day
- Unsure
- Other (please state below)



Please tell us a little more about you...

Next of kin 1: <input type="text"/>	Relationship to young person: <input type="text"/>
Tel 1: <input type="text"/>	Tel 2: <input type="text"/>
Email: <input type="text"/>	
<hr/>	
Next of kin 2: <input type="text"/>	Relationship to young person: <input type="text"/>
Tel 1: <input type="text"/>	Tel 2: <input type="text"/>
Email: <input type="text"/>	

Name of GP:

Surgery Address:

Surgery telephone number:

Are Tetanus vaccinations up to date?
(Tetanus is included in standard childhood vaccinations)

Yes No

Do you consider yourself to have a learning disability?

If yes, please use the space to provide more information:

Do you have any allergies or dietary requirements?



THERE IS ADDITIONAL SPACE AT THE END OF THIS FORM FOR FURTHER INFORMATION YOU WOULD LIKE TO PROVIDE

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
If yes, please use this space to tell us more information...

Do you have an EHCP plan? Yes No

Have you ever had a CAF? Yes No

Please 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..

Name of the school you are enrolled at:

Do you currently attend school?

Yes No

Are you entitled to free school meals?

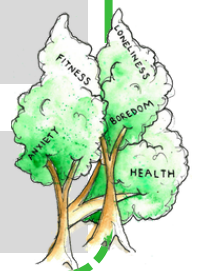
Yes No

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?



THERE IS ADDITIONAL SPACE AT THE END OF THIS FORM FOR FURTHER INFORMATION YOU WOULD LIKE TO PROVIDE

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



What do you like to do in your spare time?

Grey rectangular area for writing the answer to the question above.

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

Grey rectangular area for writing the answer to the question above.

Who do you live with at home?

Grey rectangular area for writing the answer to the question above.

What is your life like at home?

Grey rectangular area for writing the answer to the question above.

Can you tell us about other professionals you work with? For example: do you have a Targeted Youth Worker, Social Worker or CAMHS worker? We work closely with other professionals so it would be good to know their names.

Grey rectangular area for writing the answer to the question above.

THERE IS ADDITIONAL SPACE AT THE END OF THIS FORM FOR FURTHER INFORMATION YOU WOULD LIKE TO PROVIDE

Here at BF Adventure we support people to overcome barriers. For example some people have experience's 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 they would like to add?

THERE IS ADDITIONAL SPACE AT THE END OF THIS FORM FOR FURTHER INFORMATION YOU WOULD LIKE TO PROVIDE

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?

What outcomes would you like to work towards?

THERE IS ADDITIONAL SPACE AT THE END OF THIS FORM FOR FURTHER INFORMATION YOU WOULD LIKE TO PROVIDE

This page is for your worker / parent / referrer to complete...

What outcomes do you think the young person could work towards?

Can you tell us how the young person expresses themselves when they feel unsafe?

Is there anything else you wish to tell us?

Young persons availability

Below is an opportunity to advise us of any availability the young person has to attend our site. This helps when scheduling a young person in for provision for the first time. Please note, the more availability the young person has, the sooner we are likely to be able to allocate them a place. If a young person attends an alternative setting, this enables you to note that the young person is unavailable to prevent clashing schedules.

	Yes	No
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

If applying for a half day provision, please state if a morning or afternoon session can be attended....

	Yes	No
Morning	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>

THERE IS ADDITIONAL SPACE AT THE END OF THIS FORM FOR FURTHER INFORMATION YOU WOULD LIKE TO PROVIDE

TO BE COMPLETED BY THE REFERRER

Information about the referrer...

Name:

[Redacted]

Organisation and Role:

[Redacted]

Address:

[Redacted]

Contact number(s):

[Redacted]

Email address:

[Redacted]

How will transport be provided?

[Redacted]

Termly reports to be sent to (please state any/all email addresses including next of kin):

[Redacted]

Who will fund the provision?

Name:

[Redacted]

Organisation and Department:

[Redacted]

Email address for invoices to be sent:

[Redacted]

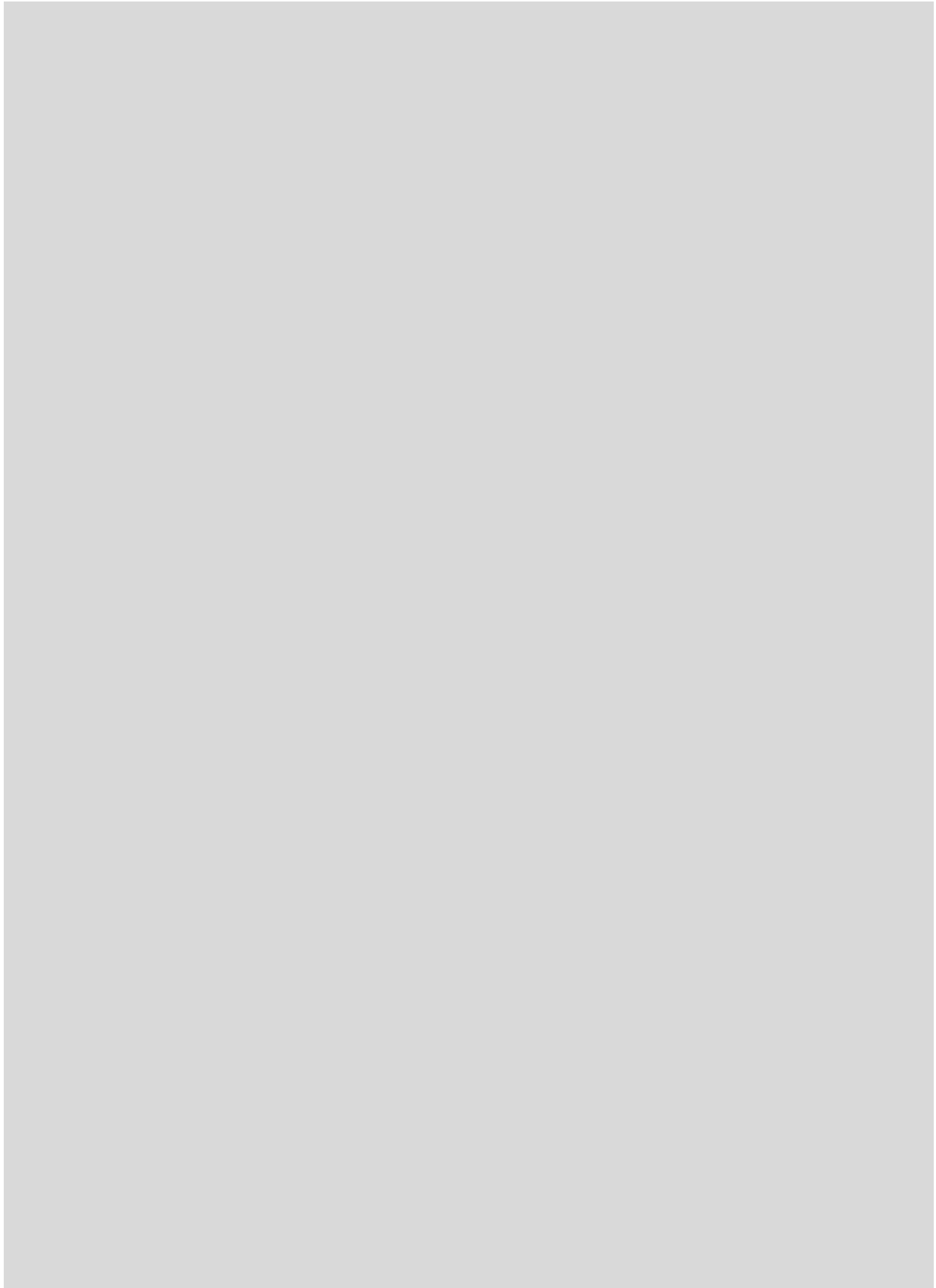
Purchase Order / Reference required on invoice (if any):

[Redacted]

Postal address to appear on invoices:

[Redacted]

Please use this space to provide any further information that would not fit into our main form OR additional information that would be useful for us to be aware of (for example, information that may help us keep the young person / our staff safe)...



Thank you for taking the time to complete this form
Please return to referrals@bfadventure.org

Young Person Consent Form



Young Person Name:

Photographic Consent

1. I consent to images of the young person named above being captured and used in publicity, including on the BF Website, social media and/or newsletters. **YES** **NO**
2. I consent to images of the young person named above being captured and used for accreditation evidence, their own use and reflection. **YES** **NO**

Transport Consent

1. I consent for the person named above to travel in BF Adventure vehicles. **YES** **NO**

Medical Consent

1. I consent that in the unlikely event of an accident, BF Staff are able to contact medical services and/or transport the young person named above to seek suitable medical attention. **YES** **NO**
2. I confirm that I will advise BF Adventure Staff of any medicines that the young person named above may need to take, and send said medicines onto site in a named bag ready for BF Adventure staff to lock in a medicine cabinet. **YES** **NO**

By signing below I confirm:

I have the necessary legal right to provide consent for the named participant to take part in activities at BF Adventure.

I am aware that BF Adventure will need to securely store relevant personal information for the young person named above (in line with UK-GDPR.)

I consent for BF Adventure to share relevant information with other agencies/professionals as appropriate. (Wherever possible and appropriate this will be discussed with the young person beforehand.)

I fully understand that BF Adventure delivers adventurous activities, such as climbing and water sports that involve a higher degree of risk. All activities are delivered within strict operating procedures, with ongoing training and management to allow for a safe, enjoyable experience. As such, all activities will have relevant safety briefs which we expect to be listened to and followed by everyone in order to maintain safe standards.

Parent / Guardian Signature:

Print Name:

Email address: **Date:**

Thank you for taking the time to complete this form
Please return to referrals@bfadventure.org