

SERVICE REQUEST FORM

2026



Please email completed forms to: **referrals@bfadventure.org**

Please email any queries to: **enquiries@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.

Name of person completing this form:

Type of provision required?

Full Day

Half Day

Unsure

Site

Penryn

Bodmin

Relationship to the young person:

Programme

Learn Differently

1:1

Paired

Group

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 bit more about you...

Legal Name:

Preferred name:

(if different)

Date of birth:

Gender identity & pronouns:

Address:

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

Postcode:

Next of kin 1:

Relationship to young person:

Tel 1:

Tel 2:

Email:

Next of kin 2:

Relationship to young person:

Tel 1:

Tel 2:

Email:

Name of GP:

Surgery Address:

Surgery telephone number:

Are Tetanus vaccinations up to date:

Yes

*(Tetanus is included in
standard childhood
vaccinations)*

Do you have any allergies or dietary
requirements?

Do you have any medical needs? This
could include information about
asthma, epilepsy, recent broken
bones

Do you consider yourself to have a
learning disability?

If yes, please use space to provide
more information...

Do you have an EHCP plan?

Yes

No

Do you have a physical disability

Yes

No

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

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

What do you like to do in your spare time?

Who do you live with at home?

What is your life like at home?

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 and contact information.

Name:

Role:

Contact info
(phone / email):

Name:

Role:

Contact info
(phone / email):

Name:

Role:

Contact info
(phone / email):

Here at BF Adventure we support people to overcome barriers. For example some people experience with 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?

So that we know how best we can help, it's useful to get an idea of where you feel you are at the moment. Rate these "I Can..." statements by scoring them 1-4 in the spaces below.

1 - Not yet

2 - Sometimes

3 - Usually

4 - Always

Improved Communication Skills

- I can talk to others
- I can contribute within a group
- I can tell someone if there is a problem
- I can listen to others' ideas
- I can express how I'm feeling
- I can understand non-verbal body language

Increased Personal Well-Being

- I can be myself _____
- I can keep myself active _____
- I can find things to help me relax _____
- I can learn new things _____
- I can keep myself safe _____
- I can look forward to the future _____

Increased Confidence

- I can try new things
- I can feel good about myself
- I can name things I'm good at
- I can ask for help
- I can be responsible
- I can achieve!

Sense of Empowerment

- I can reflect _____
- I can share my ideas _____
- I can express myself _____
- I can be a good role model for others _____
- I can make positive decisions _____
- I can recognise that my feelings matter _____

Development of Positive Relationships

- I can be respectful of others
- I can help those around me
- I can make friends
- I can be trusted
- I can see other points of view
- I can see when a relationship is healthy

Scores completed by

Young Person _____
Professional on behalf of young person _____

**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:	
Organisation and Role:	
Address:	
Contact number(s):	
Email address:	
How will transport be provided:	
Termly reports to be sent to... <small>(please state any/all email addresses including next of kin)</small>	

Who will fund the provision?

Name:	
Organisation and Department:	
Name of Trust if part of a MAT:	
PO Number / Reference:	
Address to appear on invoices:	
Email address for invoices to be sent:	

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

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

Is there anything else you wish to tell us?

Young person's 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.

	am	pm	
Monday	_____	_____	If applying for half day provision please note our morning session is from 10am to 12pm, the afternoon session is from 12:30pm until 2:30pm
Tuesday	_____	_____	
Wednesday	_____	_____	
Thursday	_____	_____	
Friday	_____	_____	

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)...



Young Person Consent Form

Young Person Name: _____

Photographic Consent

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.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

I consent to images of the young person named above being captured and used for accreditation evidence, their own use and reflection.

Transport Consent

I consent for the person named above to travel in BF Adventure vehicles.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Medical Consent

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.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

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.

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 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 _____