|  |
| --- |
| 1. **Student/young person Contact details**
 |
| First Name | Click or tap here to enter text. | Surname | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. | Borough | Click or tap here to enter text. | School | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. | Gender | [ ]  Female[ ]  Male | Date of referral | Click or tap to enter a date. |
| Legal parent / guardian full name | Click or tap here to enter text. | Relationship to student | Click or tap here to enter text. |
| Address (if different) | Click or tap here to enter text. | Postcode | Click or tap here to enter text. |
| Home phone | Click or tap here to enter text. | Mobile | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

|  |
| --- |
| 1. **Permissions and sharing data about you**
 |
| **SAFEGUARDING AND EMERGENCY:** Bike Project Surrey will share your information to protect your child from harm and/or to provide immediate NHS emergency medical treatment. **SHARED WITH:** children’s services, NHS. |
| **CONTACT AND CARE INFORMATION:** Bike Project Surrey will share your contact information, care/support plans, including photos in learning and behaviour plans. **Shared with:** Bike Project Surrey scheme and Operations staff, database, sites and offices. |
| **Photos and film:** Can we take photos and film of you to promote Bike Project Surrey and work students do? **Shared with:** Bike Project Surrey staff, websites, social media, external online media and by Bike Project Surrey supporters for fundraising events. | [ ]  Yes / OK[ ]  Not OK |
| **REPORTING TO LOCAL AUTHORITIES:** Sharing information so that Bike Project Surrey can plan and monitor delivery with local authority/children’s services who may fund us. **SHARED WITH:** Bike Project Surrey staff, children’s/education services and commissioning teams for the local authority that the child lives in. | [ ]  Yes / OK[ ]  Not OK |
| **KEEPING IN TOUCH:** News about, events and fundraising you can be involved with. **SHARED WITH:** Bike Project Surrey staff. | **News**[ ]  Yes / OK[ ]  Not OK | **Events**[ ]  Yes / OK[ ]  Not OK |
| Legal parent/guardian name completing this form | Click or tap here to enter text. |
| Legal parent/guardian signature |  | Date | Click or tap to enter a date. |

|  |
| --- |
| 1. **Referring organisation**
 |
| Professional name | Click or tap here to enter text. | Referral date | Click or tap to enter a date. |
| Organisation | Click or tap here to enter text. |
| Work phone | Click or tap here to enter text. | Mobile | Click or tap here to enter text. |
| Email (work) | Click or tap here to enter text. |

|  |
| --- |
| 1. **About you – the student**
 |
| Why do you want to come to the Bike Project Surrey? |
| Click or tap here to enter text. |
| What do you enjoy doing – hobbies, interests, sports, subjects at school. |
| Click or tap here to enter text. |
| What help will you need while you at the Bike Project Surrey? Think about help you need to learn or anything that has worked well in the past. Tell us what staff need to do? |
| Click or tap here to enter text. |
| What do Bike Project Surrey staff need to do to help keep you safe? Tell us what staff need to do? |
| Click or tap here to enter text. |
| Tell us about any impairments or medical conditions that you will need help with or need staff to know about? Tell us what do staff need to do? |
| Click or tap here to enter text. |
| Do you think you will need to come to Bike Project Surrey with a person to help and look after you?  |
| [ ]  YES [ ]  NO  |
| If you ticked ‘YES’ give us more information – like who will come with you and why.Click or tap here to enter text. |
| Tell us about any allergies you have including triggers. Tell us what do staff need to do? |
| [ ]  NONE KNOWN [ ]  Asthma [ ]  Anaphylaxis [ ]  Other – tell us more… |
| Click or tap here to enter text. |
| Will you need to use any medication when you are the Bike Project Surrey? If ‘yes’ we will need more information using our medication administration form. | [ ]  Yes [ ]  No |

|  |
| --- |
| 1. **Next steps – Bike Project Surrey staff fill this bit in…**
 |
| Which site | [ ]  Guildford Bike Shop[ ]  Guildford Workshop[ ]  Walton Workshop |
| Will the student in section 1 need to come with support or will Bike Project Surrey provide the support? |  |
| What course or activity is recommended |  |
| Share syllabus, site information, timetable and term dates | [ ]  Yes [ ]  No | By who |  |
| Start date agreed | [ ]  Yes [ ]  No | Date to start |  | By who |  |
| Added to database | [ ]  Yes [ ]  No |
| **Notes** (include you name and date for any additional notes) |  |