



Referral Form



# Changing Lives through Horses Referral Form

Equestrian Centre: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Please provide all information requested

### Young persons details:

Name	Gender	D.O.B.	Age
Address		Telephone (home)	
Post Code		Telephone (mobile)	

### Medical Information:

Please state:

Any diagnosed medical conditions -  
\_\_\_\_\_

Any prescribed medication currently being taken -  
\_\_\_\_\_

Any Allergies -  
\_\_\_\_\_

Any phobias -  
\_\_\_\_\_



**Significant contacts for emergencies:**

Name / Address / Contact details:

Relationship to young person

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This information will help enable the Equestrian Centre and the programme Changing Lives through Horses to provide you with relevant support

**Referral Details:**

Agency/School:	Referred by (name):  Job Role:
Contact Details:	Contact Details: (Minimum of 2 contact names/numbers)



**Other Agency Involvement:**

Are you connected to any other agencies / providers?

Yes

No

**Agency Details:** (if applicable)

Agency	Contact Name & Telephone No.	Brief description of support offered
Social Services		
Youth Services		
Probation		
Police		
Housing		
Health		
Youth Offending Teams		
Other (please specify)		

**Education details:**

Present or Last School/College attended:

Contact details (if different from page 1):

**School attendance:**

Regular attendance

Persistent non-attendance

Permanently excluded

Attending alternative education scheme



**National Curriculum Levels:**

Please detail the latest Literacy and Numeracy academic scoring for the young person. Please use the information in Appendix A of the document for standardised scoring.

Academic Area	Scoring	Date of Assessment
Literacy		
Numeracy		
ICT		
Other (Please Specify)		

**Personal/social/emotional/well-being level and comments:**

(1 = very poor; 2 = poor; 3 = average; 4 = good; 5 = excellent)

Key Skill	Level	Comments
Communication		
Confidence		
Relationships		
Team work		
Responsibility		
Personal Achievement		

**Riding Information:**

Horse riding is an unpredictable sport and therefore inherently involves an element of risk

Young Person Height:	
Young Person Weight:	
Interested in horses:	
Any previous riding or equestrian experience?	

**Do we need to be aware of any of the following?**

Language or communication difficulties Yes  No  (If yes please explain)  
 E.g. potential need for an interpreter or signer, English a second language

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Physical, sensory or learning disability Yes  No  (If yes please explain)  
 E.g. potential need for an interpreter or signer, SEND requirements

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Support with literacy and numeracy

Yes

No  (If yes please explain)

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Concerns relating to ethnicity or culture

Yes

No  (If yes please explain)

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Concerns relating to gender or sexuality

Yes

No  (If yes please explain)

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Concerns about behaviour

Yes

No  (If yes please explain)

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Concerns about drug/alcohol issues

Yes

No  (If yes please explain)

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**Referral Request Details:**

Background information  
Reason for referral:

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Risk factors: (behaviour, health, disability, potential vulnerabilities)

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Measures identified to mitigate risk:

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Additional information around social/emotional/behavioural needs:

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Where did you hear about Changing Lives Through Horses?

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**I can confirm that, to the best of my knowledge, the information contained in this referral form is a true and an accurate profile of the referred young person.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_



**Equestrian Centre**  
**Changing Lives through Horses Acceptance Form**  
 (To be completed by Equestrian Centre)

Acceptance		Reason For Refusal
Y	N	

**Outcomes hoping to be achieved:**

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Please tick if the young person or guardian (if young person is under 18) consents to have photographs taken and used for displays, folder work and /or kept as part of the pupils records and used by staff to promote the Equestrian Centre and The British Horse Society for the Changing Lives through Horses programme.

**Participant Programme ID:**

Young Person Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

EC Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_