

Activise Referral Form



Participant Details

Name:	Date of Birth:	Name of Emergency Contact:
Home Address:	Postcode:	Emergency Contact's Number:
Home Number : Mobile Number:	Email:	GP: Surgery:

Please tick the box that corresponds to the person you are referring

Mental Health Condition <input type="checkbox"/>	Learning/ Physical Disability <input type="checkbox"/>	Women at risk of domestic violence <input type="checkbox"/>
Substance Misuse <input type="checkbox"/>	Teenage parents <input type="checkbox"/>	Young people at risk (18+) <input type="checkbox"/>
Families with support needs <input type="checkbox"/>	Travellers <input type="checkbox"/>	Homeless with support needs <input type="checkbox"/>
Offenders or at risk of offending <input type="checkbox"/>	Rough Sleepers <input type="checkbox"/>	Young people Leaving care <input type="checkbox"/>

Activity – Please tick one box and complete additional sessions to attend if applicable

Leisure Pass: St Crispins Loddon Valley Carnival Pool

Swim Pass: Bulmershe Leisure Centre

Session 1:

Session 2:

Medical Information

Please detail below any important medical information such as allergies, medical conditions, current medication, special dietary requirements or injuries

Additional Information

Please detail below any important Additional Needs such as Learning Disability, Physical Disability or Mental Health Condition.

Please write a reason why the individual would benefit from the scheme

Referrer Information

Referrer Name:	Referrer Organisation:
Referrer Phone Number:	
Referrer Email:	

First Aid Consent

I give my permission for the administration of basic first aid treatment by staff. In the event of an emergency, I authorise staff to take appropriate action to obtain necessary medical help for me, including sending me to hospital. I acknowledge that it is my responsibility to ensure that the course Head Coach/Supervisor is informed of any illnesses that arise after I have completed this form.

Photo Consent

Occasionally photographs and videos may be taken by Wokingham Borough Staff or authorised personnel which may be used in future publications for Wokingham Borough Council. **Please tick if you do not give permission for yourself to be included in any photographs or images.**

Conditions

The Council Accepts No Liability For Loss Or Injury Sustained By Any Person Attending a course, except where and to the extent that any such arising directly from the negligence of the Council, any of its employees or agents and is the responsibility of the pupil to ensure that he or she is fit and in good health. No refund will be given unless a doctor's certificate can be produced as proof of illness.

Please Note

Wokingham Borough Council reserves the right to cancel any course if they consider it necessary. The cost of the course will be refunded, or additional sessions will be arranged to replace those cancelled.

Code of Conduct

Participants are asked to comply with a Code of Conduct, available from coaches, which sets out acceptable behaviour. Participants who seriously breach this Code of Conduct will be removed from the sessions.

I confirm my wishes to participate in the following (please tick as appropriate)

- SMS texting service (amendments to current sessions or update of new sessions)
- Update of new sessions and events via our enewsletter

By signing this form I have read and understood the terms and conditions specified above and agree to abide by them. I confirm that, if advised by the Physical Activity Health Mentor, I am responsible for checking with my Doctor that I am able to participate within the Activise sessions. I will also follow any guidance given to me by either, or both of the above.

Name:

Date:

Please return this form to the postal or email address below



Adam Godwin

Sports Development Team

Wokingham Borough Council

Shute End

Wokingham

RG40 1WF



Adam.godwin@wokingham.gov.uk



01189 743 729

OFFICE USE ONLY:	Completed By	Reference Number	Additional Notes:
Process Date:			