



Spirit at Play Referral Application

Referrer's name	
Referrer's job title	
Referrers organisation and office address	
Email address and phone contact number	

	child 1	child 2	child 3	child 4
Children in the family who will participate in sessions : full names (other children/ babies can be listed at the foot of the form).				
Ages and dates of birth				
Parent/ carer full name				
Home Address and post code				
Background information e.g. history of... diagnosis of...				
Objectives <i>Objectives should outline what the referrer wishes to achieve. Please be specific and measurable</i>				
Expected outcomes				
Evidence required	<i>record of activities session feedback emotional response feedback photos</i>			

Contact number in case of emergencies	
Any medical conditions to be aware of	
Any special needs the service User requires help with	
Any allergies?	
Referrer's Sig	
Registered DSL contact	
any safeguarding considerations ?	
Proposed date to start session programme	Session programme is normally 4 x two hour sessions held over 4 weeks.
Preferred days to attend	
Cost £TBA per session. Address to send invoice:	

If you would like to proceed with this proposal, please sign and return a copy by email to Judith Edwards at spiritatliberty@aol.com **0790 405 3899**

Signed Date

Position

Spirit at Play, Birchaven, Ashlands Road, Illston on the Hill, Leicestershire, LE7 9EG

Please add any other relevant information here