**Referral form for a placement at ANIMAL ANTIKS**.

**Name & contact details of person being referred:**

Name:

Address:

Postcode:

Mobile:

Landline:

Email

**Person completing form (if different)**

Name:

Connection with person being referred:

Organisation Name (if relevant)

**Contact Details**:  
Phone:

Email

**A bit more about you……**

Gender Male Female

Age Group: Under 10 10-13 14-17 18 – 25 Over 25

Ethnicity

Which school, college, or other support services do you attend, or what do you do each day?

What hobbies / interests do you have?

What things don’t you like / upset you?

What are your current difficulties / concerns?

What do you hope to achieve by coming to Animal Antiks?

Are there any animals you particularly like.

Are there any animals you are concerned / afraid of?

**Heath & wellbeing**

Please tick any which are relevant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Physical disability |  | Autism / ADHD |  | Visual impairment |
|  | Mental health difficulties |  | Allergies |  | Hearing impairment |
|  | Epilepsy |  | Heart Condition |  | Speech impairment |
|  | Mobility issues |  | Reading / writing difficulties |  | Personal care needs |
| *Please provide further details on any of the above which have been ticked, including how they are managed/medicated and how they affect you on a day to day basis (continue on separate sheet if necessary)* | | | | | |

Please tick if you have any of the following and we may request a copy:

an EHCP (Education, health and Care Plan)

a personal risk assessment

a child protection plan

When was your last tetanus vaccinations?        
**We advise that you ensure that your Tetanus vaccinations are kept up to date.**

**Your placement preferences:**

What type of placement are you looking for:

Farm Therapy:  Work Experience:  Education:

When are you hoping to attend (tick all that are possible)?

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Am (10-12noon)\* | PM (1-3 pm)\* | All day (10 – 3pm)\* |
| Mon |  |  |  |
| Tues |  |  |  |
| Wed |  |  |  |
| Thu |  |  |  |
| Fri |  |  |  |
| Other – | | | |

\*All day start times can extend from 9:30am to 3:30pm

Will you be attending Term time only  All year round

How long do you hope to attend       weeks or ongoing placement

Will you be attending the sessions?

On your own  with a support worker / carer  with a parent / guardian

How will you get to Animal Antiks?

Bus  Private car  Taxi  Other, please detail

How will the sessions be funded:

EHCP  School  Local Authority  Direct Payment  Private funding   
Other, please specify

**DECLARATION:**

**By completing this form you have confirmed that the information on this form is correct to the best of your knowledge and understand that the information contained in this form will be kept safe and in the persons personal file. The full privacy notice can be found on our website at** [**www.animalantiks.co.uk**](http://www.animalantiks.co.uk)

Name:       Date:

**NEXT STEPS:**

Please send this completed form by email to: [office@animalantiks.co.uk](mailto:office@animalantiks.co.uk), or in the post to:

**Animal Antiks, Manor Farm, St Johns Lane, North Marston, Buckingham, MK18 3PU**

We will contact you to discuss if we think a placement would be suitable and whether we have availability. We would then invite you (and a family member, carer or support worker) for a short visit to the farm. Following that, if everyone still thinks the placement is suitable you will be invited to attend a trial session, after which we will discuss a permanent placement. We will then send a placement agreement and consent form for you to complete. This agreement contains a few more details about the terms and conditions of the placement.

If you wish to discuss this referral request, or want help filling in the form please call us on **01296 670996** or email [office@animalantiks.co.uk](mailto:office@animalantiks.co.uk) and we will be pleased to help.

We look forward to hearing from you

**ANIMAL ANTIKS TEAM**