

## Referral form for a placement at ANIMAL ANTIKS

If possible, please complete the form in **black** pen, using **BLOCK CAPITALS**.

Name & contact details of person being referred:	Person completing form (if different)
Name: _____	Name: _____
Address: _____ _____ _____	Connection with person being referred: _____
Postcode: _____	Organisation Name (if relevant) _____
Mobile: _____	Contact Details:
Landline: _____	Phone: _____
Email _____	Email _____

### A bit more about you.....

Gender      ☐ Male      ☐ Female

Age Group:   ☐ Under 11   ☐ 11-17   ☐ 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. or any you are concerned / afraid of?

\_\_\_\_\_

## Heath & wellbeing

Please tick any which are relevant

<input type="checkbox"/>	Physical disability	<input type="checkbox"/>	Autism / ADHD	<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Speech impairment
<input type="checkbox"/>	Mobility issues	<input type="checkbox"/>	Reading / writing difficulties	<input type="checkbox"/>	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 provide 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 – please detail			

\*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 / 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 signing 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)**

Signed: \_\_\_\_\_ Print 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**