

**Confidential Referral to The HangOut**

We ask that referrers complete this referral form from their own observations rather than the participant’s perspective. We will be asking for similar follow up information on all participants after the course. Please do not refer unless you are willing to participate in this as it’s vital for our ongoing funding.

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| --- | --- | --- | --- |
| Name |  | Date |  |
| Age & date of birth |  | Referrer name |  |
| Gender |  | Organisation name |  |
| School name and contact details |  | Referrer email |  |
| Participant address & Postcode |  | Referrer phone No. |  |
| Participant/ Parent/ Carer Mobile and email | |  | |
| GDPR: do you have consent or other lawful basis to share this person’s data? | |  | |
| Is the participant or referrer able to contribute a small financial amount to the cost of each session?  State which. | |  | |
| Are other agencies involved with supporting your child? | |  | |
| Mental Health diagnosis? / Other diagnosis?/ Medication?  Neurotype?  Eg. Anxiety, ADHD, ASD, PDA | |  | |
| Is the particiapnt currently attending school/college/training/work? If yes to what degree. | |  | |
| What are the main barriers that prevent the participant engaging with groups or attending school/college/training or work? | |  | |

|  |  |
| --- | --- |
| Does anything need to be put in place to support integration into a small group situation (6-8)?  One to One working?  Eg. Parent/carer/support worker staying (a must for those under 12), Pre-visit, short attendance initially etc |  |
| Risks we should know about? (re safeguarding the participant, others within the group, staff) | |

Please consider the THC Star attached and rate the candidate's current levels according to your own impressions. Scores should be based on response to a new situation not when in their comfort zone.

Star Scores: From 0=Stuck to 4=Competent, in 8 areas - see key on Star.

|  |  |  |  |
| --- | --- | --- | --- |
| Assertiveness / Boundaries |  | Calmness |  |
| Focus & Perseverance |  | Realistic Planning / Analysis |  |
| Taking Responsibility |  | Communication & Language |  |
| Relating to Others / Empathy |  | Engagement / Learning |  |

Please comment on the following areas:

|  |
| --- |
| Engagement with Learning/School |
| Problem Behaviours and what triggers them: (e.g. absconding, eating disorders, disruptive, shut down, bullying, isolated…) |
| Problems with Relationships? (family, peers, professionals) |
| Identity (e.g. low self esteem, poor self image, lacks hope, ambition, self belief): |
| Any specific outcomes you hope for? |

Please indicate which service you are interested in for the participant?

* Forest school/Outdoor learning in a small group 2-3hrs, during school time
* Animal & Site care – small group, 1hr, during school time
* Animal & Site care – small group, 1hr, after school
* Equine Therapy – ReStart, intensive behaviour change programme
* Equine Therapy – Lighter Touch, less intensive, target specific behaviours or small group
* Volunteering – Gardening, site care
* Not sure – happy to discuss best option

### Privacy Notice

TheHangOut controls data in accordance with the Data Protection Act 1998 and General Data Protection Regulation 2018. Our Data Protection Policy is available on request, detailing retention periods and rectification processes.

The purpose of this form is to obtain referral information regarding the participant named and contact information for the person referring them into our service. This information will be used only for the purposes for which it is given. We will seek consent for all our data processing from the participant upon first contact.



The HangOut Registered Charity no. 1182240.

Penrhiw Farm

35 Bryncethin Road

Garnant

SA181YP www.thehangoutwales.org

07933844237 [thehangoutwales@gmail.com](mailto:thehangoutwales@gmail.com)

../../13%20Instructor%20Resources/Course%20Materials-ReStart/Star-11.pdf