

YUSU Volunteering

Kids' Camp Project

University of York Student Union
The Student Centre, University of York,
James College, Newton Way, Heslington,
York, YO10 5DD.



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THIS FORM IS TO BE FILLED IN BY THE REFERRAL ORGANISATION

- Please fill in this form as accurately and fully as possible, as it is important for us to have as much information about each child as possible.
- Please note that each child requires a separate referral form.
- Applications can only be accepted on the forms provided.
- Referral forms are kept in compliance with the Data Protection Act.

Referral Details

Dates Attending Kids ‘Camp

Date of Referral

Referred by (your name)

Organisation name & address

Postcode

Telephone Number

Email

Child’s Personal Details

Name M/F

Age D.O.B

Address

Postcode

Telephone Number

Please return this form ASAP camp is very popular and places are filled quickly.

Reasons for referral

With whom does this child live? Full name and relationship to child

Why are you referring this child?

Please give details of any medical problems/disorders this child has

Please give details of any psychological or educational issues this child has

Does this child possess any behavioral difficulties that may affect their/the other Children's enjoyment of being part of Kids' Camp?

Do you have any suggestions as to how this can be effectively dealt with?

How does this child respond to adults?

Can you provide any other relevant information?

Kids' Camp relies on donations, if you would like to donate towards this project please make cheques to YUSU and return to the above address, Many Thanks.

To the best of my knowledge all the information I have given on this form is correct and up to date.

Signature:

Date

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