

YUSU Volunteering

Kids' Activity Day Programme Easter 2010

The Student Centre,
University of York,
Heslington, York, Y010 5DD.
Telephone: 01904 434799
Contact: Mrs Maria O'Keeffe
E-mail: m.okeeffe@yusu.org

THIS FORM IS TO BE FILLED IN BY THE REFERRAL AGENCY

Please fill in this form as accurately and fully as possible, as it is important for us to have as much information as possible about each child. Please note that each child requires a separate referral form. Applications must be made on the forms provided, although you may keep a copy of this form on file to refer more children to use. Referral forms are kept confidential and not discussed with anyone other than the project co-ordinators.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

Activity Programme dates are 7th, 8th, 9th April 2010
****Please note this Easter programme is non residential***

Date of Referral

Referred by (your name)

Organisation name & address

Postcode

Telephone Number

Email

Child's Personal Details

Name

Age

M/F

D.o.B

Address

Postcode

Telephone Number

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

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

Why are you referring this child?

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

Please give details of any psychological or educational problems the child has

Does the 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 the child respond to adults?

Can you provide any other relevant information?

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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