

**Creative Minds Project Referral Form**

**Please fill out this form and return to** ***gemma@creativemindsgloucs.com***

**Child’s Name:**

**Date of Birth:**

**Age:**

**Gender Identity:**

**Ethnic Origin:**

**Disability (please state):**

**Address:**

**Parent/Carer’s name:**

**Parent/carer’s telephone:**

**Name of school or college:**

**Referrer Name and role:**

**Referrer Email & Telephone:**

**Reason for request:**

**Any interests or hobbies of the child:**

**Does the child display any of the following areas of risk (please highlight):**

Sexually inappropriate behaviour                                 Engaging in drug activity

Engaging in criminal activity                                            Engaging in alcohol misuse

History of self-harm                                                             Absconding

History of violence/aggression                                       History of fire setting

**If yes to any of the above, please give details:**

**Any other information you feel we should know:**

**Child’s consent obtained (Yes/No):**

**Parent/carer’s consent obtained (Yes/No):**

**Thank you for completing the referral**

**Please return completed form to:**

**Gemma Deas -** ***gemma@creativemindsgloucs.com***

