REFERRAL FORM

Horses for Good
The Laurels
277 Bedford Road
Rushden NN10 0SQ
07852 176207 - info@horsesforgood.org.uk - www.horsesforgood.org.uk

Horses for Good
Helping horses, helping people

REFERRAL SOURCE INFORMATION			
REFERRAL SOURCE	☐ Parent/Carer	☐ School	☐ Mental Health Professional
	☐ Other, please specify		
REFERRAL SOURCE NAME			
EMAIL			
MOBILE NUMBER			
DATE			

PARTICIPANT INFORMATION			
NAME		DATE OF BIRTH	
GENDER			
IF UNDER 18, PARENT/CARER NAME			
MOBILE NUMBER			
EMAIL			

NEXT OF KIN INFORMATION (18+ ONLY)		
NAME		
RELATIONSHIP		
MOBILE NUMBER		
PERMISSION TO SPEAK TO MY NEXT OF KIN – TICK AS APPROPRIATE	☐ You can only contact my next of kin to confirm my safety	☐ You can discuss all matters relating to my safety and my sessions with my next of kin

PHYSICAL HEALTH
Please include any relevant information including current and historical experiences, diagnoses and allergies.

MENTAL HEALTH
Please include any relevant information including current and historical experiences and diagnoses.

ACCESS NEEDS
Please include any needs around physically accessing the space, including getting to and from the stables, fields, arena and interacting with the horses.

SAFETY NEEDS
Please include any information around psychological and physical safety needs that are relevant to accessing sessions.

DOES THE PARTICIPANT HAVE AN INDIVIDUAL RISK ASSESSMENT? YES ☐ NO ☐
If yes, please forward the document/relevant details.

IS THERE ANYTHING ELSE WE NEED TO KNOW THAT WOULD COMPROMISE THE SAFETY OR WELLBEING OF THE PARTICIPANT OR OUR STAFF, VOLUNTEERS OR ANYONE ELSE ON THE PREMISES? YES ☐ NO ☐
If yes, please provide details.

GOAL SETTINGS

Please list what you would like to achieve from the sessions.

1.

2.

3.