



STUDENT:.....

D.O.B.....

Re-engagement Programmes***REFERRAL INFORMATION***

Path Hill Outdoors requires this information to support any application to the 1 to 1 programme. The information focuses on objectives, what support for the student is required and a commitment to the programme by all those involved. Please ensure that all sections are fully completed. Please include additional sheets as required.

School / Organisation:

Who within the school / Organisation is the main contact for the student?

Name:

Telephone:

Email:

Please state why the student would benefit from the programme:
(Please go on to an additional sheet if required)

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What education will the student receive in addition to the programme at Path Hill?

Where will this be delivered?

Termly, and on request (e.g. for the annual EHCP review or other professional meetings), we will prepare a report on the student's performance and progress.

Please list the people – with email contact – who should be sent a copy of this report.

Are any other agencies involved with this student?

Social Services YES/NO

Pastoral Lead YES/NO

YOS YES/NO

Other YES/NO

If YES, give contact details with email:

Does the student experience (please tick):

Epilepsy Hearing impairment Visual impairment

Colour Blindness Allergies

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Please attach/send us the student's EHC Plan (if applicable)

Has the student been diagnosed with:

ADHD YES/NO

ASD YES/NO

ADD YES/NO

Any other SEN diagnoses (please state)

Other medical and health needs (Please include care/ management plan where applicable):

Epilepsy YES/NO

Hearing impairment YES/NO

Visual impairment YES/NO

Colour blindness YES/NO

Asthma YES/NO

Allergies YES/NO (Please state below)

Behavioural needs:

Does this student have a history of absconding? YES/NO (If yes please give details and/ or attach up-to-date risk assessment)

Has this student been physically restrained in the past year? YES/NO (If yes please give details and/ or attach handling plan)

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Does this student have any known behavioural triggers? YES/NO (Please state)

Risk factors - i.e. substance abuse, bullying, involvement in the criminal justice system etc..

Please list any strengths and interests.....

Signed:

Name:

Position:

Signature:

Date:

Medical/contact form – PLEASE WRITE IN CAPITALS

This is essential information required before the student starts at Path Hill Outdoors

Student Name:	
Address:	
Telephone:	
Email:	
Male / Female	Date of Birth
Adult Contact (in case of emergency)	
Name:	
Relationship to Participant:	
Emergency Phone Number(s):	
Name and address of Doctor:	
Phone no.	
MEDICAL INFORMATION (please circle answers as appropriate)	
1. Does your child suffer from any conditions requiring medical treatment?	Yes / No
If yes, please give brief details	
2. Does your child suffer from any allergies (including taking medication)?	Yes / No
If yes, please give brief details	
3. Has your child received a Tetanus injection within the last 5-years?	Yes / No
4. Does your child have any special dietary requirements?	Yes / No
If yes, please give brief details	
OTHER INFORMATION	
Is there any additional information we need to know? If so, please give details:	
DECLARATION	
I agree to the children listed on this form receiving medical treatment including anaesthetic as considered necessary by the medical authority present (e.g. paramedic).	
Signature:	Date:

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Path Hill photographic, filming & transport consent form

Student or young person’s name:.....

Please note: If you do not wish the person named to have their photograph taken, be filmed or transported by car by employees of Path Hill Outdoors, please feel free to decline/ leave blank.

Photographs and film are used for a variety of reasons including evidence of learning, coaching to improve technique and for promotional purposes such as the Path Hill website.

() I hereby agree and give consent to my child’s photograph being taken or being filmed, on the understanding that it may be used in full or part for publicity purposes by Path Hill Outdoors.

() I hereby agree and give consent for Path Hill Outdoors to use any photos for the purposes of producing; Photo Books, portfolios and Reports.

() I hereby agree and give permission for Path Hill staff to transport my child for the purpose of offsite visits and field trips.

Please state your relationship with the named person.....

Signature _____

Printed name _____

Date _____

GDPR Compliance – We will keep this information securely for a maximum of five years from the date the student leaves Path Hill. After this time all data will be destroyed. Please refer to our privacy policy on our website www.pathhill.com for additional information.

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Path Hill Invoice Information Form

Student name.	
Name of your organisation/school.	
Full organisation/school address and postcode.	
The details of the person who will be processing invoices in your organisation for this student.	Name: Tel: Email:
The details of the person who will raise the PO number if different from above	Name: Tel: Email:
If you would like us to CC another member of staff in when invoices are sent from Path Hill, please state their email address.	
Please state the invoicing start date for this student at Path Hill.	
Please state the expected finishing date for this student at Path Hill or leave blank if the placement is open ended.	
<p>Please note: Unless otherwise arranged, invoices for this student will be sent twice a term (every 6 weeks approximately).</p> <p>We are a small not for profit organisation that incurs cash flow issues when invoices are not paid on time. Therefore, we would very much appreciate prompt payment of all invoices within 30 days of the invoice date.</p> <p>Path Hill will need notification a full two weeks in advance of any early termination of this student's programme (if different to the date stated above). Failure to do this will result in the outstanding weeks being charged for.</p> <p>Thank you in advance</p>	

Signed:..... Date:

Print name:.....

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Referral Conditions

1. Your booking is with Path Hill Outdoors Ltd.
Registered office: Path Hill Outdoors Ltd, Path Hill, Goring Heath, Oxfordshire RG8 6FE.
Company registration number 7517931
2. All instructors are fully qualified, DBS checked and safeguard and first Aid qualified and experienced in working with participants in their particular activity. All activities are risk assessed and Path Hill has public liability insurance for £5 million.
3. Our referral documents request information on relevant medical conditions and the reasons for the referral. They also incorporate photo consent. Consent for overnights and expeditions will be sent to referring agencies and parents/guardians when required.

Termination of Programme

4. Cancellation of a programme can be made by Path Hill or the Referral Agency.
Path Hill Outdoors will request to stop a programme if
 - The student consistently fails to attend the centre – 4 weeks notice
 - The student consistently refuses to engage in any programme – 4 weeks notice
 - The student consistently disrupts other students learning – 4 weeks notice
 - The student consistently threatens or has assaulted staff or other students with violence - Immediate
5. We require two weeks notice (10 working days) from the referral agency for the student's programme to be terminated.

Temporary cancellations by Path Hill Outdoors

6. Path Hill Outdoors reserves the right to change or cancel a programme due to circumstances outside its control and where it is deemed that students and staff may be put at risk. Circumstances include (but are not limited to) adverse weather conditions such as heavy snow, high winds and flooding. In the event of a cancellation Path Hill Outdoors will refund the value of the booking.

How to pay

7. To make a deposit or balance payment by BACS:

Santander Bank
46 Broad Street
Reading
RG1 2AA

Sort: 09-01-29
Acc: 06353140

Our Ref: Please reference your school/organisation name and date of event

You can send a cheque made payable to 'Path Hill Outdoors' to the address below

Path Hill Outdoors, Path Hill, Goring Heath, Oxfordshire RG87RE

Please state your school or organization name and date of event on the reverse of the cheque

Many thanks in advance

PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS

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