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| **Application Form & Preliminary Risk Assessment** | | | | | |
| *Clients referred by an Organisation* | | | | | |
|  |  |  | | *REF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| **Client information** | | | | | |
| **Name** |  | | | | |
| **Address** |  | | | | |
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|  |  | | | | |
| **DOB** |  | | **Ethnicity** | |  |
| **Gender** |  | | **Religion** | |  |
| **Phone no.** |  | | **Approx. clothing & shoe size** | |  |

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| **Referring Organisation** | | | |
| **Name of organisation** |  | | |
| **Contact person** |  | | |
| **Job Title** |  | | |
| **Location** |  | | |
| **Office phone** |  |  |  |
| **Mobile phone** |  |  |  |
| **Contact email** |  |  |  |

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| **How long has the client been in contact with the above named organisation?** |  |
| **Care status, if applicable** |  |
| **Has the client been consulted about taking part in adventure therapy?** |  |

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| **Please outline the main concerns of the client and the reason for this referral for adventure therapy.** |
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| **Is the client currently involved with any other therapy or support service?** |
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| **What supports and/or interventions has the client tried previously?** |
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| **Describe the client's family structure. Include genogram/ecomap if available.** |
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| **Is the client engaged in education or training?** |
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| **Does the client have any medical conditions?** |
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| **Does the client have any physical impairment?** |
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| **Is the client currently taking any prescribed medication?** |
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| **Does the client have current or past alcohol and/or substance misuse issues?** |
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| **Does the client have any known allergies?** |
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| **Does the client have any mental health concerns or diagnosis?** |
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| **Are there any concerns around peer interaction or social anxiety?** |
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| **Does the client have any developmental diagnosis?** |
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| **Does the client pose a risk of harm to themselves or others?** |
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| **Has there been any significant incident or history of violence?** |
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| **Does the client have a history of engaging in risk-taking behaviours?** |
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| **Is there a history of assault or physical violence?** |
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| **Has the client been involved in property damage?** |
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| **Has the client been involved in criminal behaviours in the past?** |
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| **Is there a concern regarding self-harm for this client?** |
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| **Is, or has there ever been suicidal ideation or suicide attempt by this client?** |
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| **Has this client made allegations or complaints against organisations or support workers in the past?** |
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| **Is there a history or concern of abuse or trauma?** |
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| **Does this client have a history of absconding?** |
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| **Have any triggers or escalating factors, including phobias, been identified for this client?** |
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**Does this client have a care plan?** Yes No If yes, please provide a copy

**Has this referral been approved by the organisation named above?** Yes No

**As the person referring this client, why do you think that adventure therapy is a suitable intervention at this time?**

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**Please include any further information that you feel may be useful or helpful in considering this client for adventure therapy.**

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*We do not share client information with anyone other than the client themselves and/or the referring person. We never share client data with third parties. We keep a secure file on each client and you may request this at any time by getting in touch with us in writing.*

*All information supplied to New Wave Adventure Therapy Wild Project CLG is managed and stored in a strictly confidential manner and according to GDPR guidelines for sensitive data.*

*Please tick the box to consent to this data being stored and managed in this way*

**Clients under the age of 18 must have consent from a parent/ legal guardian to take part in adventure therapy. Please sign here to consent to this young person taking part in adventure therapy sessions with New Wave Adventure Therapy.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Should any participant improperly use or damage New Wave Adventure Therapy Wild Project CLG equipment or vehicles, responsibility for the cost of repair or replacement rests with the parents, guardians or referring organisation.

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| **Please send the completed and signed form to us;** | | |
| **Email: info@newwavewildproject.ie** | | |
| **Post: New Wave Wild Project, Garrahies, Camp, Tralee, Co. Kerry** | | |
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| *We will review the information and be in touch with you promptly. Thank you.* | | | |
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| **For Office Use:** |  |
| **Referral received** |  |
| **Initial Assessment** |  |
| **Programme start date** |  |
| **Programme completion** |  |
| **Debrief & Report completed** |  |