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| **Application Form & Preliminary Risk Assessment** | | | | | |
| *Self-referral/ Parents referring a young person* | | | | | |
|  |  |  | | *REF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| **Client Information** | | | | | |
| **Name** |  | | | | |
| **Address** |  | | | | |
|  |  | | | | |
|  |  | | | | |
| **DOB** |  | | **Ethnicity** | |  |
| **Gender** |  | | **Religion** | |  |
| **Phone no.** |  | | **Approx. clothing & shoe size** | |  |

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| **Parent Information (if applicable)** | | | |
| **Name** |  | | |
| **Home phone** |  |  |  |
| **Mobile phone** |  |  |  |
| **Contact email** |  |  |  |

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| **Please outline the main concerns and the reason for this referral for adventure therapy.** |
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| **Are you currently involved with any other therapy or support service?** |
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| **What supports and/or interventions have you tried previously?** |
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| **Please describe your family structure.** |
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| **Are you engaged in education/ training/ work?** |
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| **Do you have any medical conditions?** |
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| **Do you have any physical impairment?** |
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| **Are you currently taking any prescribed medication?** |
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| **Do you have current or past alcohol and/or substance misuse issues?** |
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| **Do you have any known allergies?** |
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| **Do you have a mental health concerns or diagnosis?** |
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| **Do you experience social anxiety or difficulty with peer interaction?** |
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| **Do you have a developmental diagnosis?** |
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| **Have you experienced self-harm or considered suicide?** |
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| **Has there been any significant incident or history of violence?** |
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| **Do you have a history of engaging in risk-taking behaviours?** |
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| **Have you ever been involved in property damage?** |
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| **Have you been involved in criminal behaviours in the past?** |
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| **Have you made an allegation or complaint against an organisation or support worker in the past?** |
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| **Do you have a history or concern of abuse or trauma?** |
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| **Do you have any triggers or escalating factors, including phobias?** |
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**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.**

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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.

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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** | | |
|  | | |
| *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** |  |