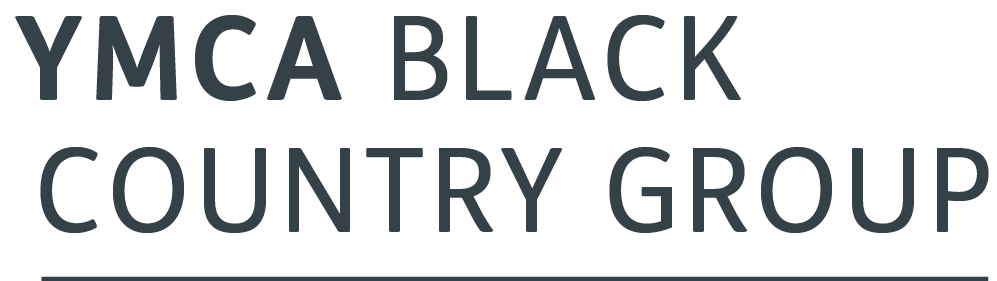
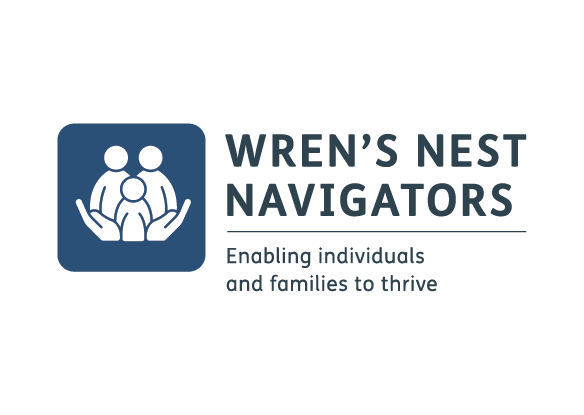
****

**Wren’s Nest Navigator Project – Self Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Date of Birth: |  | Contact number: |  |
| Address including postcode: |  | | |
| Email Address: |  | | |
| School/College |  | | |
| Gender: |  | Ethnicity: |  |
| Does the child/young person or main family contact have additional needs that we need to be aware of? | |  | |
| Date of referral: |  | | |

**Emergency Contact Details/Named Contact for children 16 years and under:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Date of Birth: |  | Contact Number: |  |
| Relationship to referral: |  | Email Address: |  |
| Address including postcode: |  | | |

**Interests and support**

**Please tick the following options that you are interested in:**

**Mental Wellbeing Workshops  Creative Workshops**

**Physical activity  Pre – employability Learning and skills**

**Money Management advice  Cook and Eat activties**

**Health and Nutrition advice**

**Reason for referral to Wren’s Nest Navigators:**

Please sign here to give your consent to be contacted to discuss this referral and your engagement with the project:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signature: |  |

If this referral is on behalf of a child or young person (16 years and under) please sign here to give your consent for this referral and to be contacted by the project team:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signature: |  |

**Please return the completed form to:** [**dudleywrensnest@ymcabc.org.uk**](mailto:dudleywrensnest@ymcabc.org.uk)

**We look forward to meeting you soon!**

**Follow us for further updates and changes to the timetable:**



**@dudleywrensnest**



**@dudleywrens**