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**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**

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

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



**@dudleywrensnest**



**@dudleywrens**