

Please outline why you are referring the young person:

Your/young persons Contact Number:

Does the young person have any other workers allocated to them from different agencies? If yes, please provide contact details below and a description of the support the young person receives.

**Agency:**

**Worker Name:**

**Contact number**

**Contact email:**

Does the young person have anyone professional to talk to about your mental health? (Eg, Counselling, counselling at school, CAMHS referral or other external services)

***SSF will only contact the above person / people if we had a child wellbeing concern and will only do so with your permission***

Email:

Parent or Guardians Contact Number:

Contact Number:

Parent or Guardians Name:

Address:

Address:

Agency Type:

D.O.B:

Referral Agency/Person:

Name:

**Referral Agency’s Details**

**Young Person’s Details**

Active:2:Grow is a physical activity and sport programme for young people aged 11-14. Young people will get the space and time to learn about their own mental health and wellbeing using simple tools and resources. The programme caters for young people with mild to moderate mental health issues like depression and anxiety, and is therefore not suitable for severe mental health issues such as suicide ideations.

*Please complete this form as much as you can and are comfortable with.*

SSF: Active 2 Grow

Referral Form

**Disabilities**

**Please give details of any disabilities:**

**Any Other Information**

**Is there anything else you want us to know that hasn’t already been covered? (eg. victim of bullying, bereavement, debt issues etc)**

Are you aware of the young person any criminal convictions or charges?

**REFEREE SIGNATURE / NEXT STEPS**

The SSF National Active:2:Grow programme Coordinator will now review the above information to determine if the programme can cater for the needs of the young person and will then contact the young person’s parents / guardians to clarify what support the programme can offer them. They will then put the parent / guardian in touch with the SSF Youth Development Coordinator in your local area who will facilitate a meeting with the young person prior to them starting the programme.

Please sign or type your name here to confirm that you understand that the information that you are providing is being collected under the Data Protection Act 2018. It will form part of the young person’s file and if the young person requests to see information that Scottish Sports Futures holds on them, under the Data Protection Act 2018 we would release this information.  
  
If under 13, this section should also be signed by a parent or guardian.

**Name:**  **Parent Signature (if required):** **Date:**

**What of the young person’s mental health do you think it’s important for us to know about? (Anxiety, depression, home life etc)**

**How can we support the young person to get the most from participating in the programme? (Calling before the session, meeting at the door at the venue?)**

**How does the young person learn best? (Reading, pictures, doing something) We want to be able to adapt to the young person’s needs when delivery workshops or training.**

**Mental Health Needs**

Name:

Date:

**Young Person Statement**

**This part is for the you (the young person) to tell us why you would like to come along to the programme?**

**Why would you like to come to the Active:2:Grow programme? Please circle as many answers as you like.**

To make friends // To have fun outside of school // To do something in the evening // To play a new sport

To try something new // To learn about my mental health // To improve my wellbeing // To have time for myself

Anything else? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tells us which activities you would like us to organise for you. Circle which ones you like best!**

Football // Basketball // Netball // Handball // Touch Rugby // Rounders // Racket Sports // Volleyball

Anything else? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Active Games // Obstacle Courses /Relay Race // Arts and Crafts // Mindfulness // Drawing // Meditation

**Tell us anything else you would like us to organise below!**

**YOUNG PERSON SIGNATURE**

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