|  |  |
| --- | --- |
| **Organisation:** |  |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename:****Surname:** |  | **Date of Birth:** |  |
| **School:**  |  |
| **Young Person Telephone No:** |  | **Address:****Postcode:** |  |
| **Parent/ Emergency contact Name:** |  | **Parent/ Emergency Contact Telephone No:** |  |
| **Additional Educational or Medical Needs:** |  |
| **Name and email address of trusted adult in school/other professional:** |  |
| **What made you come today?****Is there something specific you are looking to work on by taking part in this activity?** |  |

**Creative Arts & Sports Activities Registration**

**Young Person’s Details**

|  |
| --- |
| **PROFESSIONAL TO COMPLETE**  |
| **Date of first Session:** |  | **Name of session:** |  |
| **Date of final session:** |  | **Total no. of sessions attended:** |  |
| **Date of pre survey:** |  | **Date of post Survey:** |  |
| **Notes:****Include dates of 1:1’s** |  |

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| **Entered on ChildView** | Yes / No | **Young Person/Parent called and/ or emailed** | Yes / NoDate:  |
| **Date and Follow up agreed** | Yes / NoFollow up date: | **Outcome recorded on ChildView** | Yes / NoDate: |
| **Target Population completed:** | Yes/No |  |  |

**How does the young person meet the target population criteria?**

|  |
| --- |
| To be completed at first 1:1 in conversation with the young personthese criteria can be ticked for historical difficulties |
| **No difficulties**  |[ ]
| **Mild difficulties with emotions** |[ ]
| **Mild difficulties with behaviour** |[ ]
| **Mild difficulties with relationships/getting on with others** |[ ]
| **Mild difficulties with concentration** |[ ]
| **Currently under CAMHS**  | [ ]  **Yes** [ ]  **No** |