



## School/Agency Referral Form – Training with Champions Programme

Tuesdays & Thursdays 4.30-5.30pm at Collyhurst & Moston Boxing Club

School/Agency Name: \_\_\_\_\_

<b>Young person's name</b>		<b>Gender</b>	
		<b>Ethnicity</b>	
		<b>Emergency Telephone (home)</b>	
<b>Date of birth</b>		<b>Telephone if appropriate (mobile)</b>	
<b>Contact address:</b>		<b>Disclosed disability</b>	
		<b>Attached Documents e.g. S139a, assessments etc.</b>	
		<b>Disclosed psychiatric diagnosis (if applicable)</b>	

Any work already undertaken by referrer and other agencies?

Please either complete the requested information below, or call Anthony our referrals manager over the phone to provide the information on 07464936123.

The following set of questions are designed to provide us with the information required to ensure that we can match the young person to an appropriate mentor in order to give them the best chance of success in our program. This information will be used to ensure our coaches/staff are equipped and aware of the needs of each young person.

Please circle or highlight in bold if any of the following issues are relevant to the young person's mental health:

- Depression
- Anxiety
- Trauma
- Abuse

- Others (please specify):

**Please circle or highlight in bold if any of the following behaviours are exhibited by the young person:**

- Anti-social, Criminal or Violent behaviour
- Drug use
- Self-harm
- Others (please specify):

**Please circle or highlight in bold if the young person has been diagnosed with any of the following developmental disorders:**

- Autism
- ADHD
- Dyslexia
- Others (please specify):

**Please circle or highlight in bold all that apply:**

- Is at risk of exclusion
- Has been excluded from school
- Is in a gang
- Involvement in knife crime
- Displays anti-social behaviour
- Has suffered abuse/early childhood trauma
- Other (Please Specify)

**Please elaborate if the root cause or trigger of the young person's current situation is known? (i.e. traumatic event/ loss)**

**What OUTCOMES would you like to achieve and how will these be measured?**

Please tick or insert a 'YES' three main outcomes you would like to achieve through this program:

Improved physical fitness	
Improved school attendance	
Employability/Career support	
Increased Confidence	
Improved anger management	
Building a healthy support network	
Increased resilience	

If you have any further comments on the outcomes you hope to see from this program, please share them in this space:



Please send to [martinroberts.cmbc@yahoo.com](mailto:martinroberts.cmbc@yahoo.com)

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