



Participation Dogs Referral Form

Name:			
Date of birth:		Gender:	
Address:			
Telephone No:		Mobile No:	
Parent Email:			
Language:		Interpreter required?	
Nationality:			
Referrer name:			
Address:			
Post code:			
Telephone No:		Email:	
General Practice:			

Permissions:	Tick if yes	Reason for referral including goals/desired outcome:
Parents aware of referral / agree we can contact them		
Is the child/young person aware of the referral?		

Education details:	Name/Contact Details
School	
Special Educational Needs Co-ordinator (SENCO)	
Class teacher	

Other agencies/therapists involved:	Name/Contact Details

Risk Assessment	Brief details
Is the child/young person vulnerable in any way?	
Is this child/young person at risk of harm from themselves?	
Is this child/young person at risk of harming others? (e.g., criminal behaviour, offending behaviour)?	
Is this child/young person or members of their family scared of dogs?	
Is this child/young person or members of their family allergic to dogs?	

Name:.....**Role/relationship to child/young person:**.....

Tel: **E-mail:**

Parent/Guardian consent to referral:

Signature **Date**

Please do not hesitate to contact us:

Participation Dogs LTD

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