



## Referral Form Future Film Makers Youth Offending Project 2011/12

This document has two pages; please print two sided or ensure the two pages are secured together. Please return signed copy by post to Take Part Officer, The Roses Theatre, Sun Street, Tewkesbury, GL20 5NX or scan and email to [tpofficer@rosethetare.org](mailto:tpofficer@rosethetare.org)

Location of residency (please circle) Tewkesbury / Cinderford / Gloucester / Cheltenham

### Part A: Participant details (participants must be aged between 14 - 19 years)

Name.....Male  Female  (Please tick)

Address.....

Postcode (essential data).....Date of Birth.....Age.....

Telephone.....Mobile.....Email.....

Occupation (please circle): in education / not in education / part-time employed / unemployed

### Part B: Participant consent (to be completed by the participant before attending the activity)

I consent to participation in the Future Film Makers project, in which I will work with arts professionals to develop skills in film production and acting for camera for a minimum of 12 sessions. I consent to the release of relevant medical and personal information about myself to be shared with the project staff. I understand that this project is being evaluated and that my personal details will be treated as confidential, although it will be used anonymously for statistical and research purposes.

Signed (by participant).....Date.....

### Part C: Relevant medical and personal information

Ethnicity.....Disability.....

Reason for referral (Please tick as many as apply)

Community Orientated Policing Sanction  Community Supervision Order

Action Plan Order  Final Warning  Parenting Order  Probation Order  Referral Order

Reparation Order  Supervision Order

Number of previous convictions.....

Risk of reoffending (please circle): Standard / Enhanced / Intensive

Please give any further relevant information that the artist may need to be aware of to ensure the safety and well-being of this participant and all the participants taking part in the activity.

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*PLEASE TURN OVER.*

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Name and profession of referring lead professional.....

Contact details of referring lead professional:

Address.....Postcode.....

Telephone.....Mobile.....Email.....

**I recommend the above participant to the Future Film Makers project. I understand this is an arts based intervention involving young people with a varied offending history.**

Signed (by referrer)..... Date.....

Thank you for completing this form. Keeping accurate record will allow us to evaluate the effectiveness of the project and continue to seek secure funding for this innovative service.

Any queries please contact Take Part Officer at The Roses Theatre [tpofficer@rosetheatre.org](mailto:tpofficer@rosetheatre.org) 01684 853 072