

**FOR HUB USE ONLY**

Date received:

Please fill in every section of the form with as much detail as possible. **Forms are completely confidential.**  It is important to have accurate and detailed information as these forms are important to effectively plan sessions.

**EQUINE PARTICIPANT INFORMATION FORM**

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| **Equine** **Project** | **READY STEADY GO TAKING THE LEAD****TAKING THE REINS HORSE FOR COURSES** |
| **Participant Name** |  |
| **Address** |  |
| **Phone** | **Home**:**Mobile**: |
| **Email** |  |
| **D.O.B** |  | **Age**: |
| **Person to contact regarding sessions** | **Name:****Relationship to participant**:**Contact info**: |
| **Where did you hear about us** |  |
| **Please tell us about your medical/health needs:** |  |

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| If your child/children is or has been subject to the any of the following please tick the relevant box(es)Alcohol and substance misuse Domestic Violence/Abuse Child Sexual Exploitation Depression/suicidal thoughts Self-Harm Radicalisation 0Gang initiation Entering Youth Justice System  |
| Please tell us about anything that will help us plan your sessions, for example; impairments, difficulties or anxieties, trigger points, past traumas, life events, things that you enjoy etc. |
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| **PLEASE INDICATE A SCORE FOR THE FOLLOWING STATEMENTS:****My mobility is:** **Details**1 2 3 4 5 6 7 8 9 10 ……………………………… Bad Good**I find communication:**1 2 3 4 5 6 7 8 9 10 ………………………………Difficult Good**My anxiety levels are:**1 2 3 4 5 6 7 8 9 10 ……………………………….Low High**My energy levels are:**1 2 3 4 5 6 7 8 9 10 ………………………………Low High**My fitness level is:**1 2 3 4 5 6 7 8 9 10 ……………………………….Low High |
| Tell us what you would like to achieve from the programme: |
|  |
| Are there any specific issues or goals you would like to work on? |
|  |
| Please tell us why you have chosen that option: |
|  |
| Additional information: please use this space to tell us anything else that will help us plan your sessions |
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| Have you had any prior experience of being around horses? Please give details |
|  |
| Would you like to work in a group or individually? (please circle your option) |
|  Group Individual I don't mind |
| Availability for sessions: Please circle your preferred day(s) and indicate an ideal time |
| Monday Tuesday Wednesday Thursday Friday Time of day: ……………………………………………………………… |
| Does the participant suffer from any of the following (please circle or delete) |
| **Epilepsy** Yes No**Hay Fever** Yes No**Asthma** Yes No**Eczema** Yes No | Horsehair Yes NoHay Yes NoCats Yes NoDogs Yes No |
| **PERMISSIONS**Do you give permission for Circles Network to take photographs/videos of the participant's sessions (please circle the appropriate response below). |
| Yes No |
| If you answered 'yes' to the question above, please tick the relevant box(es) if you are happy for us to share your photo and/or film in the following ways: |
|  On the website or on social media In publicity material, such as leaflets In the media, such as newspapers or magazines To help us with our fundraising To share internally with Circles Network staff All of the above. Please tick this box if you are happy for us to retain and use your photo and/or film for five years after it was taken. |

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| **CANCELLATION**Please note that there is a cancellation procedure for funded sessions and paid sessions.If a funded session is cancelled by the the customer giving less than 12 hours notice they forfeit that session. If a paid session is cancelled by the customer giving less than 12 hour's notice the full fee is still payable. Please note that we reserve the right to cancel a session should unforseen circumstances occur. Should we need to cancel a session a credit will be provided for any pre-paid session, an additional session will be provided for funded places. Circles Network will not be liable for any futher compensation. It is your responsibility to contact us with any changes to your details to ensure that our records remain up to date. |
| By signing this document you are giving Circles Network permission to share your photo and/or film in the manner you have selected and confirm that the information you have proided is correct. You can withdraw or change your photo and/or film permissions at any time by contacting 01788 816671 or by emailing info@circlesnetwork.org.ukYou agree that the information on this record may be kept on a database under the provisions of the General Data Protection Review May 2018 (GDPR) and will be stored for up to five years. |

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| **Privacy Policy**Information about youHere at Circles Network we take your privacy seriously and we can only hold information about you with your consent, which you give us when you sign this document.Your personal information will only be used to administer your account and the support you have requested from us.We keep your information securely using a passphrase protected computer network and will only keep the information we need to support youYour personal information will be kept by us whilst you receive a service from us, once you no longer receive a service from us your information will be kept for a maximum period of 5 years after, which it will be erased or annonymised, so that you can't be identified from it. Paper information will be shredded and electronic information deleted.Sometimes it is necessary to share information about you with other professionals who work with you, we will notify you as and when it is necessary to share your information. We will not share your information for any purpose other than supporting you with your issue.You have the right to:* Request a copy of the information that we hold about you.
* Ask us to correct or remove information you think is inaccurate
* Withdraw consent and request removal of all your perosnal information from our records.
* Request that your information is restricted and/or object to the data processing of you information
* Request that we share your information for ease of accessing another support service
* If you would like a copy of some or all of your personal information, please email info@circlesnetwork.org.uk (there is no charge for this service.)
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I agree that the information provided in this form is correct and true at this time:

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| --- |
| Name …………………………………………………………………… |
| Signed …………………………………………………………………… |
| Date …………………………………………………………………… |

Please return this form to: diane.trezise@circlesnetwork.org.uk or post to the address below



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