



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.

**FOR HUB USE ONLY**  
Date received:  
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**EQUINE PARTICIPANT INFORMATION FORM**

<b>Equine Project</b>	<b>READY STEADY GO</b> <input type="checkbox"/> <b>TAKING THE LEAD</b> <input type="checkbox"/> <b>TAKING THE REINS</b> <input type="checkbox"/>
<b>Participant Name</b>	
<b>Address</b>	
<b>Phone</b>	<b>Home:</b> <b>Mobile:</b>
<b>Email</b>	
<b>D.O.B</b>	<b>Age:</b>
<b>Person to contact regarding sessions</b>	<b>Name:</b> <b>Relationship to participant:</b> <b>Contact info:</b>
<b>Emergency Contact Details</b>	<b>Emergency Contact 1 –</b> <b>Telephone Number –</b>

	<p><b>Relationship to Participant -</b></p> <p><b>Emergency Contact 2 –</b></p> <p><b>Telephone Number –</b></p> <p><b>Relationship to Participant -</b></p>
<p><b>Services Involved Offering Support</b></p>	<p>Child Protection <input type="checkbox"/></p> <p>Child in Need <input type="checkbox"/></p> <p>Early Help <input type="checkbox"/></p> <p>CAMHS <input type="checkbox"/></p> <p>Other .....</p> <p><b><u>Name of Professional Involved</u></b></p> <p><b>Social Worker/Professional:</b></p> <p><b>Team and Role:</b></p> <p><b>Local Authority:</b></p>
<p><b>Please tell us about your medical/health needs including any Allergies:</b></p>	

If your child/children is or has been subject to any of the following please tick the relevant box(es) Please provide details if this is current or historic.

Alcohol and substance misuse	<input type="checkbox"/>	Domestic Violence/Abuse	<input type="checkbox"/>
Child Sexual Exploitation	<input type="checkbox"/>	Depression/suicidal thoughts	<input type="checkbox"/>
Self-Harm	<input type="checkbox"/>	Radicalisation	<input type="checkbox"/>
Criminal Exploitation	<input type="checkbox"/>	Entering Youth Justice System	<input type="checkbox"/>

Details:

**PLEASE INDICATE A SCORE FOR THE FOLLOWING STATEMENTS:**

**My mobility is:**

1 2 3 4 5 6 7 8 9 10 .....  
Bad Good

**Details**

**I find communication:**

1 2 3 4 5 6 7 8 9 10 .....  
Difficult Good

**I find relationship building:**

1 2 3 4 5 6 7 8 9 10 .....  
Low High

**My self determination :**

1 2 3 4 5 6 7 8 9 10 .....  
Low High

**My levels emotional regulation/ How I manage emotions:**

1 2 3 4 5 6 7 8 9 10 .....  
Easy Challenging

Tell us what you would like to achieve from the programme:

Are there any specific relationship building goals you would like to work on?

Are there any specific self determination goals you would like to work on?

Are there any specific goals you would like to work in relation to your emotional regulation or how you understand and manage your emotions?

Have you had any prior experience of being around horses? Please give details

How do you prefer to communicate? Is there anything we should know which would make things easier for you?

Is there any additional information we should be aware of? Any triggers or particular challenges? Please indicate if there have been incidents where you have escalated physically towards adults or peers, we may need a little more information about this to make sure we support you in the best way possible.

Many of our projects are facilitated in small groups. If you feel a group is too overwhelming, we may be able to offer you an individual during the day time, please indicate your preference below;

Group

Individual

Availability for sessions: Please tick 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 tick)

<b>Epilepsy</b>	Yes	No
<b>Hay Fever</b>	Yes	No
<b>Asthma</b>	Yes	No
<b>Eczema</b>	Yes	No

We have a dog and cat at the Rugby Hub, please give details below if you have any worries about meeting them?

## PERMISSIONS

Do you give permission for Circles Network to take photographs/videos of the participant's sessions (please tick 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 publicity material used by our funders, printed or online
- 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.

## 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 unforeseen 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 provided 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.uk](mailto:info@circlesnetwork.org.uk)

You 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.

## Privacy Policy

### Information about you

Here 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 you

Your 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 anonymised, 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 personal information from our records.
- Request that your information is restricted and/or object to the data processing of your 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](mailto:info@circlesnetwork.org.uk) (there is no charge for this service.)

I agree that the information provided in this form is correct and true at this time:

Name .....
Signed .....
Date .....

Please return this form to: [stacey.chamberlain@circlesnetwork.org.uk](mailto:stacey.chamberlain@circlesnetwork.org.uk) or post to the address below:

Registered Office  
Circles Network  
The Penthouse,  
Coventry Road,  
Cawston,  
Rugby.  
CV23 9JP