

## Circles Network Equine

### Enquiry form

#### Personal Details

<b>Personal Details</b>					
<b>Participant Name</b>					
<b>Email (if relevant)</b>					
<b>Phone (if relevant)</b>	<b>Home:</b>  <b>Mobile:</b>				
<b>D.O. B</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;"></td> <td style="border: none; width: 10%; text-align: center;"><b>Age:</b></td> <td style="border: none; width: 30%;"></td> </tr> </table>		<b>Age:</b>		
	<b>Age:</b>				
<b>Address</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Post Code:</td> <td style="border: none; width: 40%;"></td> </tr> <tr> <td style="border: none; width: 60%;">Telephone Contact:</td> <td style="border: none; width: 40%;">Mobile No:</td> </tr> </table>	Post Code:		Telephone Contact:	Mobile No:
Post Code:					
Telephone Contact:	Mobile No:				
<b>Person to contact regarding sessions</b>	<b>Name:</b>  <b>Relationship to participant:</b>  <b>Contact info:</b>				
<b>Name and address of school/college, etc.</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Post Code:</td> <td style="border: none; width: 40%;"></td> </tr> <tr> <td style="border: none; width: 60%;">Telephone Contact:</td> <td style="border: none; width: 40%;">Mobile No:</td> </tr> </table>	Post Code:		Telephone Contact:	Mobile No:
Post Code:					
Telephone Contact:	Mobile No:				
<b>Emergency Contact Details</b>	<b>Emergency Contact 1 – Telephone Number – Relationship to Participant –</b>  <b>Emergency Contact 2 – Telephone Number – Relationship to Participant –</b>				
<b>Please provide details about their needs and wishes</b>					
<b>Please provide the following details for invoice purposes</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 100%;"><b>Name and Surname:</b></td> </tr> <tr> <td style="border: none; width: 100%;"><b>Address:</b></td> </tr> <tr> <td style="border: none; width: 60%;"><b>Email Address:</b></td> <td style="border: none; width: 40%; text-align: right;"><b>Mobile No.:</b></td> </tr> </table>	<b>Name and Surname:</b>	<b>Address:</b>	<b>Email Address:</b>	<b>Mobile No.:</b>
<b>Name and Surname:</b>					
<b>Address:</b>					
<b>Email Address:</b>	<b>Mobile No.:</b>				

Type of Service Requested	
<i>Please specify how many hours you would like, which hours are preferable and what days you would like to enquire about.</i>	
<b>Taking the Reins</b> 6 weeks sponsored programme. One hour sessions running after school (from 3.30 until 6).	
<b>Taking the Lead</b> Therapeutic based sessions – one to one or small groups. One hour or two-hour sessions during the day, from Monday to Friday, 9am until 6pm.	
<b>Ready Steady Go</b> 6 weeks sponsored programme for children aged 0 – 5. Two-hour sessions on Tuesday and Friday.	
<b>When would you like the participant to start?</b>	
<b>Is a Risk Assessment required for:</b>	<b>Moving and Handling:</b>
	<b>Transport:</b>
	<b>Behaviours:</b>
	<b>Environment:</b>
	<b>Other:</b>
<b>Services involved offering support</b>	<b>Child Protection</b> <b>Child in Need</b> <b>Early Help</b> <b>CAMHS</b> <b>Other .....</b>
	<b>Name of professional involved</b> Social worker/Professional: ..... Team and Role: ..... Local Authority: .....
<b>Please tell us about the participant's medical/health needs including any allergies:</b>	

<b>PERMISSIONS</b>																	
Do you give permission for Circles Network to wake photographs/videos of the participant's sessions (please tick the appropriate response below).																	
<b>Yes</b>																	
<b>No</b>																	
If you answered 'yes' to the question above, please tick the relevant box(es) if you are happy for us to share the participant's photo and/or film in the following ways:																	
On the website or on social media	<input type="checkbox"/>																
In publicity material, such as leaflets	<input type="checkbox"/>																
In publicity material used by our funders, printed or online	<input type="checkbox"/>																
In the media, such as newspapers or magazines To help us with our fundraising	<input type="checkbox"/>																
To share internally with Circles Network staff	<input type="checkbox"/>																
All of the above	<input type="checkbox"/>																
Please tick this box if you are happy for us to retain and use the participant's photo and/or film for five years after it was taken.																	
<p>If the participant 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.</p> <table border="0"> <tr> <td>Alcohol and substance misuse</td> <td><input type="checkbox"/></td> <td>Depression/suicidal thoughts</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Sexual Exploitation</td> <td><input type="checkbox"/></td> <td>Domestic Violence/Abuse</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Self-Harm</td> <td><input type="checkbox"/></td> <td>Radicalisation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Criminal Exploitation</td> <td><input type="checkbox"/></td> <td>Entering Youth Justice System</td> <td><input type="checkbox"/></td> </tr> </table> <p>Details:</p>		Alcohol and substance misuse	<input type="checkbox"/>	Depression/suicidal thoughts	<input type="checkbox"/>	Child Sexual Exploitation	<input type="checkbox"/>	Domestic Violence/Abuse	<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>	Radicalisation	<input type="checkbox"/>	Criminal Exploitation	<input type="checkbox"/>	Entering Youth Justice System	<input type="checkbox"/>
Alcohol and substance misuse	<input type="checkbox"/>	Depression/suicidal thoughts	<input type="checkbox"/>														
Child Sexual Exploitation	<input type="checkbox"/>	Domestic Violence/Abuse	<input type="checkbox"/>														
Self-Harm	<input type="checkbox"/>	Radicalisation	<input type="checkbox"/>														
Criminal Exploitation	<input type="checkbox"/>	Entering Youth Justice System	<input type="checkbox"/>														

**Please send completed Forms to Natalia Dominguez – Academy Manager**

**Email** [natalia.dominguez@circlesnetwork.org.uk](mailto:natalia.dominguez@circlesnetwork.org.uk) **Tel:** 01788816671