

# Circles Network Academy

## 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>		<b>Age:</b>	
<b>Address</b>	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>	Post Code:		
	Telephone Contact:	Mobile No:	
<b>Emergency Contact Details</b>	<b>Emergency Contact 1 –</b>		
	<b>Telephone Number –</b>		
	<b>Relationship to Participant –</b>		
	<b>Emergency Contact 2 –</b>		
<b>Telephone Number –</b>			
<b>Relationship to Participant –</b>			
<b>Please provide details about their needs and wishes</b>			
<b>Type of Service Requested</b>			
<i>Please specify how many hours you would like, which hours are preferable and what days you would like to enquire about.</i>			
<b>Rural Academy</b> Monday to Friday, sessions run from 9am to 6pm, or any time within.			

<b>Urban Academy</b> (13 years old and above) Monday to Saturday, sessions run from 9am to 6pm, or any time within.																		
<b>Coaching and Mentoring</b> Monday to Friday, sessions run from 9am to 6pm.																		
<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>Name of professional involved</b>  Social worker/Professional: .....  Team and Role: .....  Local Authority: .....																
	<b>Child in Need</b>																	
	<b>Early Help</b>																	
	<b>CAMHS</b>																	
	<b>Other .....</b>																	
<b>Please tell us about the participant's medical/health needs including any allergies:</b>																		
<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Alcohol and substance misuse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="width: 50%;">Depression/suicidal thoughts</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Child Sexual Exploitation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Domestic Violence/Abuse</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Self-Harm</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Radicalisation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Criminal Exploitation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Entering Youth Justice System</td> <td style="text-align: center;"><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"/>
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<b>PERMISSIONS</b>	
Do you give permission for Circles Network to take 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.	
<input type="checkbox"/>	

**Please send completed Forms to Kara Barnes – Academy Manager**

**Email**    [kara.barnes@circlesnetwork.org.uk](mailto:kara.barnes@circlesnetwork.org.uk)    **Tel:** 01788816671