



Football and Sports Mentoring 1-2-1 and small group Programmes

School Referral Form

School Name and address

Pupil Information

- Full Name: _____
- Date of Birth: _____
- School Year Group: _____

Parent/Carer Details

- Parent/Carer Name(s): _____
- Contact Number: _____
- Email Address: _____
- Preferred Method of Contact: ☐ Phone ☐ Email ☐ Other: _____

Reason for Referral

SEMH (Social, Emotional & Mental Health) Needs

- ☐ Low confidence/self-esteem
- ☐ Emotional regulation difficulties
- ☐ Anxiety/worry
- ☐ Social interaction difficulties
- ☐ Behavioural challenges
- ☐ Low engagement in learning
- ☐ Peer relationship difficulties
- ☐ Other (please specify): _____

Additional details:

Medical Information

- Medical Conditions: _____
- Allergies: _____
- Medication Required (during sessions or generally): _____
- Physical Injuries/Limitations: _____
- Emergency Action Plan (if relevant): _____

Educational Information

- SEN Status: ☐ None ☐ SEN Support ☐ EHCP
- Learning Needs (relevant to participation): _____

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- Attendance Concerns: ☐ Yes ☐ No
If yes, details: _____

Behavioural or Safeguarding Information (if appropriate)

(Only include information essential for pupil safety and support.)

Strengths & Interests

Other Important Information

Consent Section

(To be completed by Parent/Carer)

1. Photo & Media Consent

KickStart Soccer occasionally uses photos/video clips from sessions for promotional and marketing purposes, including social media, website content, printed materials, and programme reports.

Please tick one option:

- ☐ I GIVE consent for my child's image/video to be used for promotional purposes.
- ☐ I DO NOT give consent for my child's image/video to be used.

Parent/Carer Signature: _____

Date: _____

2. First Aid & Medical Treatment Consent

In the event of illness or injury during a session, trained staff may provide first aid. If necessary, emergency services may be contacted.

Please confirm:

- ☐ I give consent for appropriate first aid to be administered to my child.
- ☐ I give consent for staff to seek emergency medical treatment if required.
- ☐ I do NOT give consent for first aid (please note: this may affect participation).

Parent/Carer Signature: _____

Date: _____

Referring Staff Member

- Name: _____
- Role/Position: _____
- Email: _____
- Phone: _____
- Date of Referral: _____

Privacy & Confidentiality Statement

KickStart Soccer is committed to safeguarding pupil information.

All participant names and personal details will be kept private and will not be shared publicly. Personal information will only be used for programme delivery, safety, and communication with parents/carers and the school.

