



Outdoor Club Referral Form (Ages 7-10)

An outdoor activity scheme for 10 children, who are looked after by LB Barnet, aged 7-10.

The organiser is Live Unlimited https://liveunlimited.org.uk and activities are delivered by GROW, a charity that delivers outdoor learning programmes to schools and community groups https://wearegrow.org

Where: Totteridge Academy, Barnet Lane, London, N20 8AZ.

When: Every Saturday, term times only, 10am – 12 noon, no. of weeks dependent on time of year.

Do make sure your child(ren) is/are dressed in suitable warm outdoor clothing they don't mind getting muddy and bring plenty of water.

For further information please contact:

Anna Graham at anna.graham@liveunlimited.org.uk / 07907 694675

Full name of the child:	Address:
DOB:	
	Carer name:
Gender (Please tick):	
Male: Female: Other:	Carer date of birth:
Prefer not to say:	
	Carer phone number and email:
Child's phone number:	

Registered Charity No: 1197754

Second carer name, date of birth, number and em	nail:
Does your child have a social worker? YES	NO
f yes, what is their name and their email?	
What school does your child go to?	
If your child is adopted or in a kinship or special go provide name, number and email address of the S	
Any allergies or medical issues:	
Any dietary requirements:	
Doctor's surgery and telephone number:	
Name(s) and contact details of adult(s) collecting	g the young person after the session:
Does the young person have any physical, emotion extra support? Anything the GROW facilitators sho	-

Registered Charity No: 1197754

Does your child have any emotional trigger know about? If so, please can you detail ald	rs that you feel the GROW facilitators should ong with their coping mechanisms:	
Consent to taking photos:		
on our social media, in reports and on feed published by either Live Unlimited or GROW	where a young person is able to be identified. I data in accordance with UK data protection will delete any data under our control.	
 (Please tick) Yes I agree to photos take (Please tick) No I do not want photos take 	. • .	
Carer/social worker signature:	Print name:	
Any information on this form will be stored retained only as long as it is needed in accepolicies and photo consent policy. You may having this data at any time.	ordance with Live Unlimited's data protection	
PLEASE NOTE: GROW practitioners will be m nominated by Family Services and currentl of London of Borough of Barnet. The only pe professional will be that contained in this re	ly are or previously have been under the care ersonal information passed on to the	
Any information provided on this form will be stored securely and retained only as long		

Any information provided on this form will be stored securely and retained only as long as it is needed in accordance with Live Unlimited's data protection policy. You may request to withdraw your consent to us having this data at any time.

Please tick to confirm your consent for information being shared in this form by Live Unlimited to GROW