

Branching Out - Referral Form

Please complete in black pen and in block capitals.

Programme: Communities and Nature		Location:
Full Name:	Date of birth:	Gender: Male / Female (please circle)
Address:		
Postcode:	Phone Number:	
	Mobile number:	
NI number:	Email:	
Person to be contacted in case of an emergency:		
Full name:		
Address:		
Postcode:	Phone Number:	
	Mobile number:	

Please indicate why you are interested in the Branching Out Training Programme and why you consider yourself suitable for it.

I am interested in the Branching Out Training Programme because:

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.....

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ELIGIBILITY

Unemployed (e.g. in receipt JSA or under redundancy)		In receipt of Incapacity benefit	
Young person Not in Employment, Education or Training (NEET)		At work, in education or training for less than 16 hours a week	
No. of months economically inactive or unemployed		Other (please state)	

ETHNICITY					
(Please tick ONE box only)					
White Welsh	<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White British	<input type="checkbox"/>	Mixed – Other	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>	Asian or Asian British – Other	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black or Black British – Other	<input type="checkbox"/>	Other (Please state):	<input type="text"/>
Mixed – White & Black African	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

WELSH LANGUAGE			
Preferred language for communication (Please circle)	<input type="checkbox"/> Welsh	<input type="checkbox"/> English	<input type="checkbox"/>
Understand Welsh (Yes or No)	<input type="checkbox"/>	Read Welsh (Yes or No)	<input type="checkbox"/>
Speak Welsh (Yes or No)	<input type="checkbox"/>	Write Welsh (Yes or No)	<input type="checkbox"/>

HEALTH & SPECIAL NEEDS	
Are you in good health? (Yes or No)	<input type="checkbox"/>
If No, please give details of any illness / condition that might affect your participation in the activities you will be doing. (e.g. Asthma, Epilepsy, Diabetes, Heart Condition, etc.)	
Do you have any specific learning needs? (e.g.: Dyslexia, dyspraxia)	
Do you have any dietary requirements or food allergies? (e.g.: vegetarian, vegan, gluten free, nut allergy etc :)	

PERMISSIONS FOR UNDER 18s	
If you are under 18 years old and still living with your parent, guardian or carer we need to have permission for you to attend these sessions:	
I am aged 16 or 17 years and live independently	<input type="checkbox"/>
I am aged 16 or 17 years and live with my parent / guardian / carer Please ask a Parent / Guardian / Carer to sign below, as confirmation of their approval for you to attend the Branching Out Programme. Signature of Parent/Guardian/Carer: _____ Date: _____	<input type="checkbox"/>

EQUIPMENT			
Do you have a pair of steel toe-capped boots that you can wear to all of the sessions?: (Yes or No)	<input type="checkbox"/>	If 'no' give shoe size: (boots will be provided once the full programme has started)	<input type="text"/>
Do you have a set of waterproofs (coat & leggings) that you can wear to all of the sessions?: (Yes or No)	<input type="checkbox"/>	If 'no' give body size:	Small med large
As well as the above, You will need to bring:			
<ul style="list-style-type: none"> strong boots or trainers, old clothes and long trousers/jeans, 		<ul style="list-style-type: none"> a spare set of clothes, especially socks (for wet weather), a packed lunch. 	

TRANSPORT

Will you need any assistance with travelling to site?: (Yes or No)

If 'yes' please detail the sort of help that you will need (e.g.: bus expenses, a lift, help towards fuel costs).

If applicable, a Tir Coed project Officer will contact you regarding transport issues.

CONTRACT

Joining the Branching Out Programme means agreeing to the following contract:

- To treat the Trainers, the Support Staff and everyone on the programme and on site with respect at all times – treat others as you would wish to be treated.
- To behave in a respectful manner to visitors; you will be working on a public access site.
- To follow all regulations to ensure the health and safety of everyone on site including keeping to smoking, drugs and alcohol policy.
- To be open and honest with each other when working together.

PARTICIPANT DECLARATION

- ❖ I confirm that I understand all of the above contract and agree to work in this way.
- ❖ I confirm that all of the information given above is correct to the best of my knowledge
- ❖ I give permission for my personal details to be passed to/recorded by CCW/WEFO.

Name

Signature

Date

Details sent to WEFO will be held securely by WEFO for the lifetime of the Programme and only used for research purposes. Following the end of the Programme lifetime these details will be destroyed.

This Programme is part of the Communities and Nature Project which is funded by the European Regional Development Fund (ERDF) and administered by the Countryside Council for Wales.

Places are limited. Following receipt of your referral form, a response letter will be sent out to you to let you know if you have a place on the taster sessions.

After the 4 taster sessions, participants will be selected for the full programme.

Please contact Becky at Tir Coed on one of the contacts at the top of the form if you need any more details.

Return this form to: Becky Hulme, Tir Coed, Denmark Farm, Betws Bledrws, Lampeter, Ceredigion. SA48 8PPB

For Office Use

Name of Tir Coed Officer:		Signature:	
Date of Referral:		People with a work limiting health condition	
Young people Not in Employment or Training (NEET) or those at risk of becoming NEET		Black, Asian and Minority Ethnic (BAME) people	
Women		Older People (50+)	
Lone Parents		Disabled	

