**MYCollege @ The Hive, 5 Belmont, Shrewsbury SY1 1TE**

**Tel: 01743 234970 Email:** admin@hiveonline.org.uk

This form should be completed by the person who is referring an individual, aged between 16 and 30, to the MYCollege and MYC Music programmes. There is no charge for any of these workshops.

The Hive accepts referrals from people such as: support workers, social workers, college staff, family members. We ask for referral so that we have contact information for someone who knows the participant better than we do and for someone who has an interest in their wellbeing.

**Section 1: Please indicate which activities you are referring this person to:**

[ ]  **MYC Music online songwriting & jammin’** starts Tue 4th Aug 2-4pm, then continuing every Tuesday weekly. Delivered via Zoom.

[ ]  **Stop!motion video** starts Wed 5th Aug 2-4pm, then continuing every Wednesday for 6 weeks. Delivered via Zoom.

[ ]  **Art Club** starts Wed 16th Sep 2-4pm, then continuing every Wednesday for 8 weeks (excluding half-term week). Delivered via Zoom.

Whilst we understand that sometimes things just happen, if, or some reason they are unable to attend we would appreciate notification in advance so that we can offer the place to someone else.

**Section 2: Contact details**

|  |  |
| --- | --- |
| Name of participant: | First name Last name |
| Date of birth & age: | dd/mm/yyyy |
| First part of Postcode: | Click here to enter |
| Contact number: | Click here to enter |
| Email: | Click here to enter |
| EMERGENCY CONTACT | Name Contact number |
| SECOND EMERGENCY CONTACT | Name Contact number |

**Section 3: Referral and permission**

|  |  |
| --- | --- |
| Name of person making the referral: | Click here to enter |
| Job title (if applicable) | Click here to enter |
| Organisation (if applicable) | Click here to enter |
| Relationship of referrer to participant: | Click here to enter |
| *The Hive will, on occasion, take photos and video of MYCollege in action to use in promotional material and reporting to funders. We will ask participants for their own permission to do this but we also want to check with you, as their referrer.**Can The Hive record the participant in photographs and on film?* YES [ ]  NO [ ]  |
| Comments: Click here to enter |

**Section 4: Practicalities**

|  |
| --- |
| Will the participant be accompanied?  YES [ ]  NO [ ]  |
| Comments: Click here to enter |
| Are there any medical conditions that we need to be aware of  YES [ ]  NO [ ]  |
| Does this condition prevent the participant taking part in any particular activity?Click here to enter comments |
| Please indicate if the participant requires assistance with travel costs. *If yes, we will get back to you on this.* *(NB. We do not currently have travel money available for all aspects of MYCollege)* YES [ ]  NO [ ]  |

**Referrer Signature – or type:** Click here to enter

**Referrer email:** Click here to enter.

**Referrer Contact number:** Click here to enter.

**Date:** Click here to enter

Please return this form to admin@hiveonline.org.uk

The Hive will maintain data in accordance with our [Privacy Statement](https://www.hiveonline.org.uk/privacypolicy) and in line with GDPR

If you would like more information, please contact us at admin@hiveonline.org.uk or telephone 01743 234 970.