### ****EducArtEvent Referral Form****

Thank you for referring a young person or child to EducArtEvent. Please complete the form below to help us understand how we can best support them.

**Please email the completed form to:** [educartevent@gmail.com](mailto:educartevent@gmail.com)

#### **1. Referrer's Details**

* **Full Name:**
* **Organisation (if applicable):**
* **Position/Role (if applicable):**
* **Contact Number:**
* **Email Address:**

#### **2. Young Person/Child's Details**

* **Full Name:**
* **Age:**
* **Gender:**
* **Nationality:**
* **Language(s) Spoken:**

#### **3. Parent/Guardian Details (If Applicable)**

* **Full Name:**
* **Relationship to Young Person/Child:**
* **Contact Number:**
* **Email Address:**

#### **4. Reason for Referral**

Please provide a brief description of why you are referring this young person/child to EducArtEvent. Include any relevant background information (e.g., displacement, interest in arts, need for community support):

#### **5. Areas of Interest**

Please describe the areas of interest for the young person/child. This may include preferences for specific types of creative or other activities

#### **6. Additional Information**

Please share any other information that may help us better support the young person/child (e.g., special needs, accessibility requirements, preferred language):

#### **7. Consent**

By submitting this form, you confirm that the parent/guardian (if applicable) has consented to the referral and that the information provided is accurate to the best of your knowledge.

I confirm the above statement.

**Signature:**

**Date:**

Thank you for taking the time to complete this form. We will review the information and get in touch with you shortly. For any immediate queries, please contact us at [educartevent@gmail.com](mailto:educartevent@gmail.com)**.**