### ****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

#### **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**.**