Kieradan Park

North Moor Lane

Messingham

Scunthorpe

North Lincolnshire

DN17 3PS

Tel: 01724 856868

Email: [info@actfast-nl.co.uk](mailto:info@actfast-nl.co.uk)

**Application Form**

Please fill in all the questions.

**Failure to do so may result in a delayed referral process.**

**Referral details:**

|  |  |
| --- | --- |
| Name of School / Provider |  |
| Address |  |
| Post Code |  |
| Contact Name |  |
| Contact Number |  |
| Fax |  |
| Email Address |  |

|  |  |
| --- | --- |
| **Invoice to be sent to:** | |
| Name |  |
| Learner PO Number (If required) |  |
| Email Address |  |
| Post Code |  |

**Learner Details:**

|  |  |
| --- | --- |
| ULN |  |
| First Name |  |
| Surname |  |
| Date of birth |  |
| Age |  |
| Year | q7 q 8 q9 q10 q11 |
| Gender | qMale qFemale qPrefer not to say qOther  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address |  |
| Home Telephone |  |

**Emergency Details:**

|  |  |
| --- | --- |
| Name of **First** Contact |  |
| Relationship to Learner |  |
| Mobile Number |  |
| Home Number |  |
| Email Address |  |
|  | |
| Name of **Second** Contact |  |
| Relationship to Learner |  |
| Mobile Number |  |
| Home Number |  |
| Email Address |  |

**Medical Information:**

|  |  |
| --- | --- |
| Tell us about any medical conditions that could affect the learner at school | |
|  | |
| Is there any medication the learner must take during school hours | |
|  | |
| Does the learner have any allergies? (i.e. medication, food, insect bites) | qYes qNo |
| If yes, please specify | |
|  | |
| Has the learner had a tetanus injection? | qYes qNo |
| Please list any other relevant information below | |
|  | |

**Special Needs related to the activities.**

Please only complete the following section if you have any individual needs that we need to address. Whilst we will make every effort to ensure the programme is accessible to all, we will discuss with you your needs upon receipt of the application.

We cannot guarantee access to every programmed activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Learning difficulties |  | Difficulty to concentrate |  |
| Fear of heights |  | Fear of water |  |
| Mobility difficulty |  | Vision impairment |  |
| Hearing impairment |  | Other (Please state) | |
|  |  |
|  |  |
|  |  |
| **Access** | | **Communication** | |
| I am a wheelchair user |  | An induction loop would be helpful |  |
| I have difficulty with steps/stairs |  | It would help to have an interpreter (Sign) |  |
| I am visually impaired |  | I rely upon lip reading |  |
| I need help moving around the building. |  |  |  |

If the learner has a statement, please send a copy of this forward to [info@actfast-nl.co.uk](mailto:info@actfast-nl.co.uk).

|  |
| --- |
| please specify any other personal behavioural or medical issues that we need to be aware of: |
|  |

|  |
| --- |
| Any hobbies or interests |
|  |

**Declaration:**

This is to be completed by a parent, guardian, or person responsible for the learner.

* I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_taking part in the activities on the Act Fast Motorbike Project.
* I acknowledge that there is an element of risk involved when participating in “adventurous activities” and that these activities/ventures are run by competent leaders.
* I understand that if he\she seriously misbehaves or causes any danger to staff or others then he\she may be sent home early from the activity\venture. **Continual or Gross Misconduct** can result in the removal of him\her from the scheme.
* I consent to any necessary or emergency medical treatment, including anaesthetic and blood transfusions, as considered necessary by the medical authorities present.
* I understand the extent and limitations of the insurance cover provided.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| We take photographs of our learners to record their progress. Images may appear in future displays, promotional materials and on our website. The images are used sensibly and sensitively. Please sign below if you agree to us photographing this learner to the above intended purposes. |
| Signed: Date: |

**Ethnic Origin:**

|  |  |
| --- | --- |
| Asian / Asian British | qBangladeshi q Indian qPakistani  qOther | Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Black / Black British | qAfrican q Caribbean qOther  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Chinese | qChinese |
| Dual Heritage | qWhite / Asian q White / Black African qWhite / Black Caribbean  qOther | Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| White | qBritish q Irish qOther  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Ethnic Group | Please specify: |
| q Prefer not to say | |

Our school aims to ensure that all personal data collected about staff, pupils, parents, governors, visitors and other individuals is collected and process in accordance with the GDPR (General Data Protection Regulation) and the expected provisions of the DPA 2018 (Data Protection Act 2018) as set out in the Data Protection Bill.

Kieradan Park

North moor Lane

Messingham

Scunthorpe

North Lincolnshire

DN173PS

Tel: 01724 856868

e-mail: info@actfast-nl.co.uk

**Declaration / Indemnity Form**

**MOTOR SPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY**

You and a parent or guardian must read and agree to the following declaration and paragraphs below which are designed to create a legally binding relationship in return for your being allowed to participate in the project.

I wish to ride motorcycles and/or generally participate in the use of the off-road facility located North Moor Lane DN17 3PS.

I understand that motor sport is hazardous, and I am voluntarily exposing myself to the risk of personal injury by participating in the event. The purpose of the day is to improve my riding skills whilst having due consideration for the safety of others using the track. I understand that other participants will be on the course at the same time.

I declare the following:

* That I am able to take part and that my eyesight (with lenses if worn) is adequate for track use.
* That I do not suffer from any medical condition or disability which may make it unsafe for me to participate in safely operating a motorcycle. I am not taking any drugs that will impair my ability to take part.
* That I will not participate whilst under the influence of alcohol or intoxicating drugs.
* If under the age of 18, my parent/guardian has read the above and signed opposite my name to confirm agreement with my declaration.

I have read, understood and will comply with all circuit regulations, any supplemental regulations and final instructions for this given by the provider.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin or Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Young Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information Request:**

Learner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here at ‘Act fast’ we want to ensure that our learners receive the best possible provision based on their individual needs. This involves working in partnership with schools and outside agencies to address their ‘barriers to learning’ and achieve their potential. In order to facilitate this partnership, we would be grateful if you could provide information requested and return to [info@actfast-nl.co.uk](mailto:info@actfast-nl.co.uk) :

|  |  |  |  |
| --- | --- | --- | --- |
| Attendance (Year to date) |  | | |
| Attendance (Previous year) |  | | |
| Number of exclusions (Year to date) |  | | |
| Number of exclusions (Previous year) |  | | |
| SEN status (Please add details) |  | | |
| FSM status | qYes qNo | | |
| PP status | qYes qNo | | |
| EAL status | qYes qNo | | |
| LAC status | qYes qNo | | |
| Please outline additional needs including medical below | | | |
|  | | | |
| KS2 Fine Points  Score: | Reading | Maths | Fine APS |
|  |  |  |
| Reading age: |  | | |

Please detail courses followed and examination information below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject | Target Grade | Current Grade | Name of exam board | Exam Entry Y/N | Name of school contact for subject and other information |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Please detail below reasons for referral | | |
|  | | |
| Please detail any strategies used and their outcomes | | |
|  | | |
| What is your anticipated outcome of the placement? Short/long term, examinations to be taken, etc. | | |
|  | | |
| Please list below all agencies that are or have been involved with the learner (i.e. early help, CAHMs, social worker, etc.) | | |
| **Agency + Contact details** | **Currently involved?** | **Any information to share?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Readiness To Learn Questionnaire | | |
| Please rate each question from 1-4 | | |
| Learner Name | | 1 – Rarely |
| Date | | 2 – Sometimes |
|  |  | 3 – Frequently |
|  |  | 4 – Always |
| **Self-control & Management of Behaviour** | | |
| Can arrive in a classroom appropriately and quietly | |  |
| Behaves appropriately in all areas of the school building | |  |
| Can accept changes to plans or disappointment with an even temper | |  |
| Can maintain appropriate levels of behaviour when the class routine is disrupted | |  |
| Shows some self-discipline when others try to encourage deviation | |  |
| Is aware of normal sound levels and can be reminded of them and respond appropriately | |  |
| Maintains positive interactions with adults and peers during unstructured times (i.e., breaks) | |  |
| Behaves in a socially acceptable manner in public (e.g., Off-site enrichment activities, outings) | |  |
| Will abide by the accepted rules of an organised group game or activity | |  |
| Can accept discipline without argument or sulking | |  |
| Goes to and stays in designated areas when requested | |  |
| Controls emotions appropriately when faced with difficulties (e.g., does not fight, strike out immediately, run away and hide or become excessively withdrawn) | |  |
| **Self-control Management of Behaviour – score (Out of 48)** | |  |
|  | | |
| **Social Skills** | | |
| Can cope with large numbers of people | |  |
| Can accept that teacher times needs to be shared | |  |
| Can ask a question and wait for the answer | |  |
| Can take turns in ‘question and answer’ settings | |  |
| Has appropriate communication skills (e.g., talking, asking questions, listening) | |  |
| Can work alongside others in a group situation without disruption | |  |
| Apologises without reminder | |  |
| Asks permission to use objects belonging to another person | |  |
| Shows empathy for others and comforts peers in distress | |  |
| Chooses own friends and maintains reciprocal friendships | |  |
| Makes and accepts normal physical contact with others | |  |
| Accommodates other children who ask to join an activity | |  |
| Is self-reliant in managing own hygiene and basic needs | |  |
| Shows genuine interest in the news or activities of another child | |  |
| Contributes actively to play with two or more children | |  |
| Shows variation in the roles undertaken during co-operative activities (e.g., is not always in the role of the dominant character) | |  |
| Engages in appropriate conversation with another child, exchanges information and using appropriate dialogue | |  |
| Addresses adults and children appropriately by name and with eye contact | |  |
| Shares legitimately required equipment with another pupil | |  |
| **Social Skills – Score (Out of 76)** | |  |
|  | | |
| **Self-awareness and confidence** | | |
| Willingness to ask for help | |  |
| Can accept responsibility for his/her actions without denial | |  |
| Can acknowledge own problems and is willing to discuss them | |  |
| Will *‘have a go’* at new or challenging tasks | |  |
| States feeling about self (e.g., angry, sad, happy) | |  |
| Maintains appropriate eye contact | |  |
| Contributes to class discussions | |  |
| Participates in group work, making constructive suggestions and adapting ideas | |  |
| Participates in large class activities (e.g., when good work is shown to peers, etc.) | |  |
| Shows pride in achievement and presentation of work | |  |
| **Self-awareness and Confidence – Score (Out of 48)** | |  |
|  | | |
| **Approach to learning** | | |
| Can start working and following instructions without prompt | |  |
| Uses appropriate language and gestures | |  |
| Is courteous and shows a positive attitude toward staff | |  |
| Can show positive motivation, curiosity and interest in lessons and has a range of interests | |  |
| Treats the school and its property with care | |  |
| Can accept disappointments (e.g., when not chosen to participate in an activity) | |  |
| Will sit appropriately without causing a disturbance in both classes and general school areas upon request | |  |
| Shows a sense of humour | |  |
| **Approach to learning – Score (Out of 32)** | |  |
|  | | |
| **Skills for learning** | | |
| Can work alone without constant attention for brief periods | |  |
| Can listen to explanations and instructions and attempt to act on them | |  |
| Aware of timetables or the structure within the day | |  |
| Understands the roles of the teacher and other adults in the school | |  |
| Understands the structure of discipline (e.g., What happens if he/she does not complete work, does not conform to rules, etc.) | |  |
| Understands that there are different places for lessons other than the classroom (e.g., library, PE hall, etc.) and behaves appropriately | |  |
| Can organise him/herself if help is not immediately available | |  |
| Responds appropriately to personal requests from the teacher | |  |
| Can organise the materials needed for a task and clear them away appropriately | |  |
| Showes appropriate levels of curiosity when changes to the normal routines are observed | |  |
| Has achieved reading and numeracy up to the level that can be coped within a mainstream classroom given reasonable support | |  |
| Can read sufficiaently well to understand basic instructions needed for completion of tasks | |  |
| Has developed some self-strategies (at own level) (E.g., using reference materials) | |  |
| **Self-awareness and confidence – Score (Out of 52)** | |  |

Please email the completed form to [info@actfast-nl.co.uk](mailto:info@actfast-nl.co.uk)