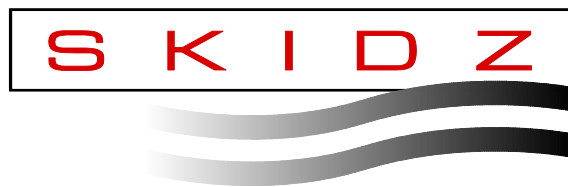


The Reading Motor Education Project

14 Boulton Road
Reading
RG2 0NH
Tel: 0118 987 1118
e-mail - info@skidz.org.uk



Referral Form

(To be completed by the school or referral agency)

I agree to this and other information being stored in accordance with the Data Protection Act and used for the purposes of monitoring and evaluation by SKIDZ and its agents.

Referral Agency Details

Name: _____ Referral Date: _____

Contact Name: _____ Signature: _____

Address: _____

Telephone Number: _____ E-Mail: _____

Students Details

Name: _____ Date of Birth: _____ Age: _____

Address: _____
Ethnic Origin: _____

Mobile Telephone Number: _____

Home Telephone Number: _____

Emergency Telephone Number (Parent / Guardian): _____

Other Information (please attach separate sheet of paper if necessary)

Are there any Risk Management or Health & Safety or Medical issues we may need to know?

Does the student have a Statement of Support or receive regular learning support?

Any Other Information we should be aware of?

Important Note: Please add UPN Number: _____