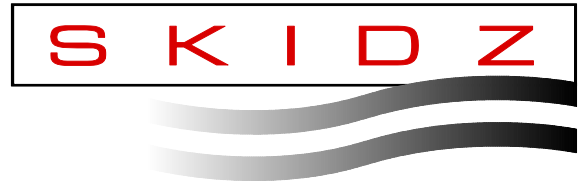


The Wycombe Motor Project

Unit C, Commercial Court
Leigh Street
High Wycombe
Bucks

HP11 2 RH

Tel: 01494 550008 Fax: 01494 550009



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: _____