**North Wales Fire & Rescue Service**

**Phoenix Project**

**Referral Form Guidance Notes:**

The following pages form part of the referral process for the Phoenix course. These forms must be completed fully by both the referring agencies and the parents/guardians of the young person nominated for this intervention.

To create a more robust and efficient referral process we have sent you these forms electronically and where possible would like them returned the same.

This enables us to recall student details for purposes such as references, or future interventions, (Phoenix II, leadership courses) etc. more readily.

This referral process comprises of two forms: **(Part “A” and Part “B”)**.

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**Part “A”**:

This form must be printed off for every potential student and sent to their parent or guardian for completion.

This document must be completed and returned to the referring agency who will then forward it to the Phoenix team before the commencement of the course.

It is important that this form has all the relevant information recorded onto it, so the instructors may understand the possible limitations of students attending.

**Part “B”**:

One form per student must be completed as fully as possible by the referring agency and returned electronically to the Phoenix team prior to the commencement of the student presentation and interviews.

Once the part “B” of these referral forms has been completed, they should be sent electronically to the following e-mail:

[**phoenix@nwales-fireservice.org.uk**](mailto:phoenix@nwales-fireservice.org.uk)

Many thanks for your co-operation in this matter,

**Pam Roberts**

**Phoenix Co-Ordinator**

**North Wales Fire & Rescue Service**

**Mob: 07825 523 745**

[**pam.roberts@nwales-fireservice.org.uk**](mailto:pam.roberts@nwales-fireservice.org.uk)

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**Phoenix Project**

**Referral Form “A”**

Name of Student: …… ……………………………………….

The above named young person will be required to carry out physical activities e.g. climbing ladders/running out hose etc. They will be provided with personal protective equipment and will receive training and supervision whilst undertaking these activities.

**Does the above named young person have any medical/physical conditions which may prevent them taking part in any of the course activities?**

**Yes/No** (Please delete as appropriate) If yes please state: …………………………………………….......................

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**Is the above named young person taking medication?**

**Yes/No** (Please delete as appropriate) If yes please state what medication: ……………………………………..

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**Media:**

We take the issue of child safety very seriously and would never knowingly use an image of the above named person without permission.

I understand that these images may be used for the following purposes:

* North Wales Fire & Rescue Service electronic (including website), printed material, displays, presentations and any exhibitions.
* Publicity and social media.
* Any similar Fire & Rescue Campaign or related area.

|  |  |
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| By signing the form below you are agreeing to   * the consent for images to be taken: * to have details of the young person attending, recorded onto a North Wales Fire & Rescue Service database: * That the above named person, will be recorded on CCTV whilst being transported in NWF&RS vehicles. | |
| **Comments:** | |
| **Name of Parent/Guardian** | **……………………………………………………….** |
| **Signature of Parent/Guardian** | **Sign:**  **……………………………………………………….** |

**North Wales Fire & Rescue Service**

**Phoenix Project**

**Referral Form “B”**

**General:**

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| **Name:** | |  | | **D.O.B.** |  | | |
| **Address:** | |  | | | | | |
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|  | | | | | | **Post Code:** |  |
| **Tel:** |  | | | **Emergency Contact Name & No:** | | | |
| **Alternative Tel:** | | |  |  | | | |
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**Medical Details:**

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| **Doctor:** |  | | | | |
| **Address:** |  | | | | |
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| **Telephone No:** | |  | | **Post Code:** |  |
| **Health Background: i.e. Allergies/medication etc.;** | | |  | | |
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**Referral Agency/Contact Details:**

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**Reason for Referral:**

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**Any Fire Related Behaviour:**

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**An end of course ‘ceremony of achievement’ will take place on the Friday between 1.30-2.30pm at the fire station — your attendance and support would be very much appreciated.**

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| **Agency:** | |  | **Name:** | |  | | | |
| **Address:** | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | **Post Code:** |  |
| **Tel:** |  | | | **Alt Tel:** | |  | | |

**Reason for Referral:**

|  |
| --- |
|  |

**Any Fire Related Behaviour:**

|  |
| --- |
|  |

**An end of course ‘ceremony of achievement’ will take place on the Friday between 1.30-2.30pm at the fire station — your attendance and support would be very much appreciated.**

**North Wales Fire & Rescue Service**

**Phoenix Project**

**Referral Form “B”**

**General:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | **D.O.B.** |  | | |
| **Address:** | |  | | | | | |
|  | | | | | | | |
|  | | | | | | **Post Code:** |  |
| **Tel:** |  | | | **Emergency Contact Name & No:** | | | |
| **Alternative Tel:** | | |  |  | | | |
|  | | | |  | | | |

**Medical Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Doctor:** |  | | | | |
| **Address:** |  | | | | |
|  | | | | | |
|  | | | | | |
| **Telephone No:** | |  | | **Post Code:** |  |
| **Health Background: i.e. Allergies/medication etc.;** | | |  | | |
|  | | | | | |
|  | | | | | |

**Referral Agency/Contact Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency:** | |  | **Name:** | |  | | | |
| **Address:** | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | **Post Code:** |  |
| **Tel:** |  | | | **Alt Tel:** | |  | | |

**Reason for Referral:**

|  |
| --- |
|  |

**Any Fire Related Behaviour:**

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| --- |
|  |

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