



SUPPORTING THE HEALTH
AND WELLBEING OF
FAMILIES IN CORNWALL



Together 4 Families – Agency Referral Form

DETAILS OF PERSON BEING REFERRED	
Surname:	Address:
First Name/s	Postcode:
Date of Birth:	Mobile No:
<input type="checkbox"/> Male	Home No:
<input type="checkbox"/> Female	Email:
DETAILS OF PARENT/CARER AND RELATIONSHIP TO THE REFERRED	
Name and Address of person with legal parental responsibility (if different from above)	
DETAILS OF THE PERSON/ORGANISATION MAKING THE SURF ACTION SERVICE REQUEST	
Surname:	Forename:
Tel no:	Email
Agency & Address:	
Date of referral:	
CONSENT	
<p>Ensure consent is obtained from the individual/family for a Request and for sensitive information to be shared with professionals within Surf Action and in the Early Help Hub (EHH). Please note anybody over 13 years, who is deemed competent, can give their own consent. This may be with or without parental consent.</p> <p>By ticking this box, you are confirming that the following verbal consent has been given: “I agree to this Request and to my information being shared with agencies that are part of the EHH response”:</p> <p><input type="checkbox"/></p>	
Are the Parent(s)/Carer consenting to this request? (delete as appropriate)	Yes No Unknown Not Applicable

Is the Referral consenting to the Request? (delete as appropriate)	Yes	No	Unknown	Not Applicable
Name of person giving consent				
Date				

GP DETAILS (IF KNOWN)

PLEASE INDICATE WHICH OF THE FOLLOWING OPTIONS BEST DESCRIBES THE REFERRALS CURRENT STATUS:

Employed full-time (30 hours a week or more per week)	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>
Self-employed full-time	<input type="checkbox"/>
Self-employed part-time	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Full-time home-maker	<input type="checkbox"/>
Carer	<input type="checkbox"/>
Sick leave	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>

How do you think Surf Action can help? Please use the space below to include any diagnosis (if known), symptoms and medication. Please be as detailed as possible. This information will help us to understand the support requirements:

WHAT OTHER AGENCIES ARE INVOLVED IN THE CARE OF THE PERSON YOU ARE REFERRING (E.G. CPN, GP, PROBATION)?

DOES THE REFERRAL HAVE ANY SPECIFIC EXTRA REQUIREMENTS (E.G. DIETARY, MOBILITY)?

DOES THE REFERRAL HAVE ANY EXPERIENCE OR QUALIFICATIONS IN SWIMMING/SURFING OR OTHER WATER SPORTS, IF SO PLEASE DETAIL THEM BELOW?

IF YOU OR THE PERSON YOU ARE REFERRING HAVE ANY QUESTIONS REGARDING ACCESSING THIS SERVICE, PLEASE USE THE SPACE BELOW TO DETAIL THEM:

SURF ACTION PROVIDES:

- Initial assessment by means of a telephone assessment or onsite
- Access to the Surf Action Ocean Therapy and other support activities
- Access to an accredited Therapist for one-to-one work (if required)
- Use of our equipment when taking part in activities
- Sign-Posting/Referral system

PLEASE SIGN BELOW TO CONFIRM THE FOLLOWING

- The information contained within the referral form is accurate
- You give permission for Surf Action to contact you in order to discuss your referral

Print Name..... Date

Signature



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Feedback – Please let us know how you have found the referral process and how effective you have found our services. We value such feedback and it will be used in regularly reviewing our services.



Surf Action, Carnon Building, Wilson Way, Redruth,
Cornwall, TR15 3RS. T: 01209 210350
Email: info@surfaction.co.uk
www.surfaction.co.uk | Registered Charity No. 114019





STANDARD CONDITIONS

This is an important document effecting your rights, you should read it carefully and sign the front page to say you have read, understood, acknowledgement and agree to it after you are satisfied that you understand and accept all terms and conditions.

DATE	
NAME	
ADDRESS	
DATE OF BIRTH	
MOBILE NUMBER	
EMAIL ADDRESS	
EMERGENCY CONTACT NAME & NUMBER	

DISCLAIMER

By signing this form, I agree to the following:

- ✓ I understand that Surf Action, whilst taking all reasonable care cannot be held responsible for the loss or damage to client's personal belongings or valuables.
- ✓ All information will be treated in confidence and will not be disclosed to anyone other than Surf Action staff dealing with you.
- ✓ Conditions should be disclosed are to include heart problems, epilepsy, pregnancy, allergies, medication being taken and any other conditions likely to be made worse from participating in a surfing course. Please note them below:
- ✓ If you suffer from any medical or mental illness that may affect your safety or other water user, please give details in the space below and bring it to the attention of your instructors.

By signing this form;

- ✓ I agree to the standard conditions on the reverse of this form.
- ✓ I can swim 50m meters in open water.

Surf Action may use pictures of you on your surfing lesson for marketing and adverts, if you do not want your pictures to be used for this, please tick the box.

CLIENT SIGNATURE		DATE	
INSTRUCTOR CHECKED			

N.B PARENT OR GAURDIAN IF CLIENT IS UNDER 18

1. DEFINITION IN THIS AGREEMENT

"Surf Action", "the charity" or "SA" means Surf Action (registered charity: 1140191) and includes where the context so permits, its directors, officers, servants or agents. "Claim" means and includes any action, suit, proceeding, claim, demand, cost or expense however arising including but not limited to negligence. Equipment means the surfing or other aquatic recreational equipment used by me from Surf Action. "Lessons" means the surf activity, activity or lesson, to surf given by the charity. "Instructor" means the designated instructor/s for the lesson provided by the charity.

2. WARNING

Surfing can be inherently dangerous. I acknowledge that I am exposed to certain risks during the lesson including but not limited to physical hazards, unpredictable and sometimes dangerous surf and weather condition and actions of other persons. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or the Equipment being lost or damaged. I agree that I shall take full instruction from the instructor and undertake to complete such instruction. I have voluntarily read and understood this warning and accept and assume the inherent risks in using the Equipment and in taking the lesson.

3. USE OF EQUIPMENT/TAKING THE LESSON

Surf Action accepts no responsibility for the condition of the Equipment and any defects in the equipment and does not warrant that the Equipment is suitable for any particular purpose. I warrant that the Equipment is in good condition and suitable for the purpose I intend to use it for and is only subject to such damage as indicated in this agreement. Use of the Equipment by me is entirely at my own risk and is beyond the control of Surf Action and the instructor. Further, Surf Action accepts no liability on behalf of the instructor if they are sub-contracted and all actions for negligence or other legal proceedings in relation to the lesson and instruction thereof will be directly with the instructor for which Surf Action accepts no responsibility. A list of the instructors can be provided upon application to Surf Action.

4. EXCLUSION OF IMPLIED TERMS

Where am I a consumer of recreational services as defined by any relevant law certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms as well as other terms and rights implied into consumer contracts by statute and any liability of Surf Action flowing from them are expressly excluded to the extent possible by law by this agreement. To the extent of any liability arising, the liability of Surf Action will be limited to the resupply of the hiring services or payment of the cost of having the hiring services supplied again. Surf Action's liability does not extend to consequential loss, personal injury of me or a third party.

5. RELEASE AND INDEMNITY

I confirm that I have inspected the equipment in consideration of Surf Action agreeing allow use of the equipment to the extent permitted by law: release and will release Surf Action from all claims that I may or may have had but this release arising from or in connection with my use of the equipment and indemnify and will keep indemnified Surf Action in respect of any claim by any person arising as a result of or in connection with my use of the Equipment.

6. DAMAGE TO EQUIPMENT

I agree to accept all responsibility and liability for any loss or damage to the equipment (however caused) on a full indemnity basis. I agree to compensate the charity for any and all loss of or damage to the equipment including if required by the charity, the replacement of the equipment and authorise Surf Action to apply any security amount provided by me to Surf Action against the cost of such compensation.

7. FITNESS TO PARTICIPATE

I declare that I am medically, mentally and physically fit and able to participate in the sport of surfing to take the lesson and to use the equipment. I understand and accept that the charity will rely on this agreement as evidence of my fitness and ability to properly use the equipment and take the lesson.

8. PRIVACY

I understand that the information I have provided above is necessary for the objects of the charity. I acknowledge and agree that the information will only be used for the objects of the charity and its general business. I understand that I will be able to access the information through the charity, upon reasonable notice. If the information is not provided on this form then my application for surf lessons may be rejected.

9. SEVERANCE

If any provision of the agreement is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of the jurisdiction, if possible, so as to be read down for the purpose of that jurisdiction. If possible, so as to be valid and enforceable. If the phrase or clause cannot be so read it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this agreement or affect the validity or enforceability of it in any other jurisdiction.

10. I HAVE PROVIDED THE INFORMATION REQUIRED ABOVE AND ON THE REVERSE OF THIS FORM AND I WARRANT THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.



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Together 4 Families - Photographic Consent Form

We would like your permission to photograph you/your relative for possible inclusion in our publications, website and other publicity material. You/your relative's contact details will remain strictly confidential.

Name:

Address:

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Email:

Contact number:

I permit Surf Action (registered charity: 1140191) to use photographs of me/my relative for use on their social media sites and for publicity purposes.

I hereby grant Surf Action the right to use photographs and any reproductions or adaptations of the photograph(s) for all general purposes in relation to Surf Actions work, including without limitation, the right to use them in any publicity materials, books, newspapers and magazine articles whenever Surf Action chooses to do so.

If the participant is under 16 years old, please give date of birth of individual and name and contact details for parent/guardian:

Date of Birth:

Name of Parent/Guardian:

Contact Number:

Signed:

Date:

(Must be signed by parent/guardian if individual is under 18 years old)



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Cornwall & the Isles of Scilly Children's
Education, Health and Social Care Plan