

Small World Cultural Arts Collective

PARTICIPANT FORM

Young People's Creative Writing & Visual Arts Course

**20 Russell Street
Keighley BD21 2JP
01535 663285
cherita@smallworldkeighley.org**

Name

Address

Date of birth

Mobile or contact number

School

Referrers name & contact number

Emergency name & contact number (parent or guardian)

Any other agencies involved & worker contact

Reason for referral

Small World Cultural Arts Collective

Medical information - any conditions requiring medical treatment, including medication (please give details)

Any additional support needs connected with this

Family background – any information you think is relevant. i.e looked after; domestic violence;

Special needs

(If any please give details: emotional, behavioural, physical etc.)

ETHNICITY - please tick one

- Bangladeshi
- British
- European (details)
- Pakistani
- African
- Mixed Race
- Other (details)
- Prefer not to say

Does this young person receive additional funding for their needs: Yes No