



**Ross County Football Club
Life Skills Through Sport Referral Form**

Name of Programme:..... Get a Goal.....

Start Date:19th January 2009

Student Details:

Name:.

Address:.

Date of Birth:

Telephone Number:

National Insurance Number:

Kit size (circle as appropriate): Large, Medium, Small

Medical History/Issues:

.....

Criminal Record:

.....

Any other information relevant to the clients attendance & performance on the course (i.e. literacy issues, care issues)

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Referral details:

Name and address of referral agency:

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Contact:

Telephone Number:

Email:

All information given on this form will be treated and stored in the strictest confidence and not passed on to any third party without the consent of the student concerned.

Lifeskills Through Sport use only.

Student accepted on course (date)

Student accepted on to other programme (date and name of programme)

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Student notified of action taken: Y / N (sign and date)