



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

**Name of Programme:**... Under 18 Get a Goal .....

**Start Date:** .....6<sup>th</sup> July 2009.....

**Student Details:**

Name:.

Address:.

Date of Birth:

Telephone Number:

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

**Brief Background:** (i.e. school attendance, areas of interest).....

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**Medical History/Issues:** .....

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**Criminal Record:** .....

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**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: .....

**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)