To be completed by Parent/Carer/Client if 18+ requesting coaching intervention by ADDvanced Solutions Community Network (as part of Knowsley offer)

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| Clients Name: Client age:Client date of Birth: Preferred Name: Preferred Pro noun: Has the client given consent to request for coaching: Yes [ ]  No [ ]  If under 18 has parent/carer attended Behaviours that Challenge Program? Yes [ ]  No [ ]  Details of referer requesting coaching for client for update/progress reporting: Name: Relationship to client:Email: Tel: Date referral sent:  |
| Identified coaching objective/desired outcome if known:  |
| What is the desired outcome from client:Date agreed:NB Client may identify that they need to change their outcome to ensure a realistic outcomeNew desired outcome identified from client:Date agreed: |
| Preferred Coaching session delivery method: Face to face ☐ via remote coaching ☐In school/college/work ☐ agreed venue ☐ at home ☐ Doesn’t matter ☐If venue has been identified please provide details: Risk assessment carried out for venue?: Yes [ ]  No[ ]   |
| Any disability and physical health conditions ADDvanced Solutions Community Network need to know about in support of client: |
| Any identified risk factors: (such as being actively involved in drugs or alcohol misuse?) Y/NPlease specify:Explanation of identified risk factors:Risk assessment carried out for this session Y/N*(please be aware that our coaches have the right to terminate a coaching session if client attends under the influence of drugs or alcohol or is presenting with risk taking behaviours)* |
| Any other agencies involved with the client Y/NIf yes please provide details Do you give permission for us to contact these agencies if required to help with your coaching progress Y/N |
| Coaching request consent signed by parent/carer or client if over 18Parent/Carer Name: Parent/Carer Signature:Advocate Name: Advocate Signature:Relationship to clientClient Name: Client Signature:Date:(*Coaching will not go ahead until this has been agreed and signed off)* |
| Referral to be forwarded to ADDvanced Solutions Community Network (password protected document) to Coaching Lead c.horrocks@addvancedsolutions.co.uk  |

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| ADDvanced Solutions Community Network for internal purpose only:Reference number:  |