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

|  |
| --- |
| 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 outcome  New 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/N  Please 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/N  If 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 18  Parent/Carer Name: Parent/Carer Signature:  Advocate Name: Advocate Signature:  Relationship to client  Client 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](mailto:c.horrocks@addvancedsolutions.co.uk) |

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