

# INSTRUMENTAL

## Reconnect 1-1 Programme

### Referral & Background Information Form



<b>Referrer Information</b>	
Name: *	
School/ Organisation/ Agency: *	
Contact Name: *	
Position/Title:	
Contact Number:	
Email: *	
<b>Referred Individual's Information</b> (or parent / carer if under 18)	
Name:	
Age:	
Date of Birth:	
Address:	
Contact Number:	
Email:	
<b>Preferred Session Length</b>	
Standard session lengths are 90 minutes. Please fill in below if you require an alternative session length.	
Desired Session Length: *	
<b>Preferred Settings</b> - Please TICK	
At Instrumental UK studios and partnered organisations	
At your school or organisation	
At referred individuals home	
Online	
<b>Funding secured?</b>	

<b>Requested activities *</b> (Please tick any that are of interest or leave blank and contact us to discuss if the individual is unsure)	
	Please tick requested activities
Core Curriculum (Please specify subjects)	
Photography (Adobe Creative Cloud)	
Survival / Bushcraft	
Cooking	
Bike Mechanics	
Music & Audio Production	
Instrumental Tuition	
Vocal Tuition	
Art - including Printing, Painting, Illustration, Sculpture, Graffiti, Air Brushing, Crochet, Textiles & Decals (design & cutting), & more	
MMA (Mixed Martial Arts)	
Climbing	
Boxing	
Gardening	
Beauty, Make Up & Hair	
Graphic Design	
3D Modelling	
Puppetry	
Film Making (CapCut & Adobe Premiere Pro)	
DJing (Pioneer DDJ FLX10 & Rekordbox)	
Computing & Coding	
Dance	
Drama & Movement	
Animation	
Bird Watching	
Jump Biking / MTB	

<b>Goals and Expectations</b>
Please list any goals, desires and expectations of the individual, staff and parents/carers? Please be as specific as possible and use SMART making reference to EHCP goals and outcomes where appropriate.
<b>Medical conditions / needs *</b>
Are there any medical conditions / requirements we should be aware of?
<b>Previous Interventions</b>
Has the individual had any other interventions or therapies in the past? If yes, please provide details:

Please provide a brief description of the individual's current situation, challenges, and any specific information including SLD and SEND. Please refer to the table below for possible reasons for referral.			
<b>LEARNING</b>	<b>SOCIAL &amp; EMOTIONAL</b>	<b>BEHAVIOURAL</b>	<b>OTHER</b>
Lacking confidence	Low self-esteem/ confidence	Disruptive, Disturbing others	Difficulty in settling into school Health & Welfare Issues
Passive learner	Struggles managing strong feelings	Angry, Aggressive	Teenage pregnancy
Falling behind	Withdrawn	Frustrated	Attendance / punctuality
Gaps in learning	Playground issues	Bullying issues	Risk of exclusion or criminal activity
Struggles working independently	Friendship issues	Disputes with adults	Loss, bereavement, trauma
Struggles following instructions	Clash between home & peer culture	Difficulties in participating	Transfer between school
Lack of concentration	Poor social skills	Substance abuse	Personal transitions: family issues, LAC, young carer, parental mental health, living, alone
Struggles to understanding what	Peer pressure	Disputes with peers	Have a concern about a child but not quite sure why
Cultural/ language misunderstandings	Disengaged from the class	Attention Seeking	
Struggles starting work / Staying on task	Struggles working in a group		
Lacking motivation	Difficulties with peers		
Struggles to complete work	Lacking resilience		
	High Level of anxiety		
	Unhappy		
	Confused		
	Fearful		

**Supporting information**

Are there any additional reports, assessments, relevant documents or further information that you can provide to support this referral? If yes, please specify and forward where appropriate.

<b>Parent/Guardian/Carer Information</b>
Name:
Relationship to the individual:
Contact Number:
Email:
<b>Emergency Contact Information *</b>
Please provide the name and contact details of an emergency contact person:
Name:
Relationship to the individual:
Contact Number:
Email:
<b>Consent and Authorisation *</b>
I confirm that I have obtained the necessary consent from the parent/guardian/carer of the individual for this referral. I understand that the information provided will be treated in accordance with the <i>InstrumentalUK</i> Privacy Policy.
<b>Referrer's Signature *</b>
<b>Date *</b>
Thank you for completing this referral form.
Please email your completed form to <a href="mailto:admin@instrumentaluk.com">admin@instrumentaluk.com</a>
If you have any further questions or need assistance, please contact us
Email: <a href="mailto:admin@instrumentaluk.com">admin@instrumentaluk.com</a> F.A.O. ReConnect 1to1
Call: 07599 035520



## Privacy Notice

At *Instrumental*, we are committed to protecting the privacy and confidentiality of individuals who engage with our services. This Privacy Notice explains how we collect, use, and protect personal information when you provide it to us. It also describes your rights regarding your personal information.

### Information We Collect:

We may collect and process the following types of personal information:

1. **Contact Information:** This includes your name, address, phone number, and email address.
2. **Personal Details:** This includes information such as date of birth, gender, and any relevant background information related to the services we provide.
3. **Referral Information:** This includes information provided by the referrer, such as your name, position/title, and contact details.
4. **Medical and Therapeutic History:** This includes information about your previous interventions, therapies, or medical conditions that may be relevant to the services we offer.

### Purpose and Legal Basis for Processing:

We collect and process personal information for the following purposes:

1. **Service Provision:** To provide the requested services, including scheduling appointments, assessing needs, and delivering appropriate interventions.
2. **Communication:** To communicate with you regarding your referral, appointment reminders, and any necessary updates or changes to our services.
3. **Consent:** With your consent, we may use your personal information for specific purposes beyond service provision, such as research, evaluation, or improving our services. Your consent will be obtained separately for such purposes.

### Data Retention:

We will retain your personal information for as long as necessary to fulfil the purposes outlined in this Privacy Notice, unless a longer retention period is required or permitted by law.

### Data Sharing:

We may share your personal information with the following entities, only to the extent necessary for the provision of services or as required by law:

1. **Service Providers:** Third-party service providers who assist us in delivering the requested services, such as music therapists or administrative support staff.
2. **Legal Obligations:** If required by law or in response to a valid legal request, we may disclose personal information to law enforcement agencies, regulatory bodies, or other third parties.

### Data Security:

We have implemented appropriate technical and organisational measures to protect your personal information from unauthorised access, loss, or destruction. We maintain strict confidentiality and ensure that access to personal information is limited to authorised individuals who require it to perform their duties.



**Your Rights:**

You have the following rights regarding your personal information:

1. Access: You can request access to the personal information we hold about you.
2. Rectification: You can request correction of inaccurate or incomplete personal information.
3. Erasure: You can request the deletion of personal information when it is no longer necessary for the purposes stated in this Privacy Notice.
4. Objection: You can object to the processing of your personal information for specific purposes.
5. Withdrawal of Consent: If we are processing your personal information based on your consent, you have the right to withdraw your consent at any time.

To exercise your rights or if you have any questions or concerns about the processing of your personal information, please contact us using the details provided below.

**Contact Information:**

**Instrumental**

Phone: 07599 035520

Email: [admin@instrumentaluk.com](mailto:admin@instrumentaluk.com)

We may update this Privacy Notice from time to time to reflect changes in our practices or applicable laws. The updated version will be posted on our website or provided upon request.

Date of Last Update: 18/4/23