|  |  |
| --- | --- |
| **Name of young person/child:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **School/College:** |  |

|  |  |
| --- | --- |
| **Male/Female:** | M / F |
| **Disabilty: Y/N** | Yes / No |
| **Ethnicity:** |  |
| **Language:** |  |

|  |  |
| --- | --- |
| **Emergency Contact Person Name:** |  |
| **Relationship:** |  |
| **Contact Number:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **Do you have consent from parent for referral?** | Yes/No |
| **Is the Young Person aware of this referral?** | Yes/No |
| **Is the parent aware of this referral?** | Yes/No |

|  |  |
| --- | --- |
| **Name of person making this referral:** |  |
| **Relationship to child:** |  |
| **Agency/Organisation Name:** |  |
| **Address:** |  |
| **Contact number:** |  |
| **Email:** |  |

**PLEASE SUPPORT THE YOUNG PERSON TO COMPLETE THE NEXT PAGE………**

**TO BE COMPLETED BY THE CHILD/YOUNG PERSON:**

|  |
| --- |
| **What do you want to get out of this music project?** |
|  |
| **What type of music do you like?** |
|  |
| **What is your favourite band/artist?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Are you interested in: (circle ones that apply)** | |  |
| Singing | Mcing/Rapping | Djing & Mixing |
| Beat Boxing | Playing an instrument | Producing & making beats |
| Lyric writing | Sound recording & editing | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

|  |
| --- |
| **Anything else you want us to know?** |
|  |

**Person who is making this referral please email a copy of this document as an attachment to:** [**tara@aptitude.org.uk**](mailto:tara@aptitude.org.uk)

**Aptitude Organisation CIC, Jubilee Crescent Community Centre, Radford, Coventry CV6 3EX**

**Website:** [**www.aptitude.org.uk**](http://www.aptitude.org.uk) **Tel: 07871 917936**

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