



Referral Form

www.venturescotland.org.uk
The journey starts here

Date From		To	
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1. YOUNG PERSON

First Name		Preferred Name	
Last Name		DOB	
		Gender	M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/>
Address			
email		Post Code	
Home Phone		Mobile	
Best way to contact me			
Waterproof Size		Shoe Size	
		Scottish Candidate Number	

2. EMERGENCY CONTACT

First Name		Last Name	
Relationship		Phone	
Address		Post Code	

3. MONITORING

Asian UK	Asian Euro	Asian Other	Black UK	Black Euro	Black Other	White UK	White Euro	White Other	Traveller UK	Traveller Euro	Traveller Other	Not Disclosed

4. HELP AND SUPPORT FROM OTHER AGENCIES (Incl: the referral agency)

Agency 1			
Support With			
Support Worker		Phone	
Address			
email		Post Code	

5. ANY RECOGNISED QUALIFICATIONS? (school/college/university, City & Guilds, etc.)

Yes ☐ No ☐

1.	2.
3.	4.

Reasons for referral	
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6. MEDICAL INFORMATION Do you currently or have you ever suffered from any of the following conditions? For ALL conditions that may affect your participation, a doctor's note must be provided confirming your fitness to undertake the programme.

Description	Yes	No	Details
Disability: Physical or learning disability, dyslexia, ADHD, asperger syndrome, autism spectrum disorder, dyspraxia, etc.			
Hospital: Have you attended hospital in the last 3 years?			
Food Allergies: Are you allergic to any foods? (nuts, fish etc.). Do you need/carry an EpiPen?			
Medical Allergies: Are you allergic to any medication?			
Other Allergies: Do you suffer from any other allergies?			
Pregnancy: Are you pregnant? How many weeks?			
Asthma: If severe please fill out additional information sheet			
Epilepsy and/or Diabetes: If yes, please fill out epilepsy medical form			
Mental Health: Depression, anxiety, stress, bi-polar disorder, eating disorder, schizophrenia, self-harm, PTSD, etc.			
Any other condition: Soft tissue, nerve or joint injury, breaks, fractures, dislocations, heart problems, etc.			

Medicines		In the event of injury or illness are the following medications suitable for you?	Yes	No	Don't know
Do you take any medication regularly or occasionally?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
What		Paracetamol			
Dosage		Ibuprofen			
How often		Anti-Histamine			

Doctor's Name		Phone	
Surgery		Post Code	
Address			

Managing Your Medication - I understand that in order to protect me, Venture Scotland staff, volunteers, other course participants and to avoid problems or confusion with my medication, it is essential that Venture Scotland know what prescribed medication I am taking, including dosage and frequency and that, in order to keep track of any changes during my time with VS, a new form must also be signed for each residential/activity I attend.

Medical Consent - By signing this document I agree to Venture Scotland sharing this information in the event of an emergency with the relevant emergency and medical authorities. I also agree that if, because of any medical condition, I am unable to give my consent to necessary medical or dental treatment that Venture Scotland staff may give consent on my behalf.

Disclaimer and Assumption of risk - I declare that I am aware that my attendance on the course with the Venture Scotland is voluntary and that the activities I will take part in may expose me to risks. For the duration of the programme, I will be responsible for myself and adhere to all health and safety instructions. I fully understand the terms of my participation and accept the risks, as described

Video & Photography: I understand that Venture Scotland takes photographs and makes videos during its activities and that these are taken for the benefit of participants and volunteers but may also be published in printed publications, on Venture Scotland's website (www.venturescotland.org.uk) and/or used in presentations. I understand that if I say "no" to the use of my images or name that this will not affect my participation in VS activities in any way whatsoever.

I give my permission to take and use photos/video of me for marketing & publicity Yes ☐ No ☐

I confirm that the young person has been fully involved in completing this form	Referrer Signature	
Venture Scotland Signature	Young Person's Signature	

VENTURE SCOTLAND COMPLAINTS PROCEDURE

We are committed to providing the best quality services but we know that sometimes we might get things wrong or make mistakes. We also want to keep improving what we do and knowing when we have fallen short really helps us. To us, if someone takes the time to complain it means they are helping us to get things right the next time.

The Procedure

- **This procedure is to enable you to make a complaint and for it to be dealt with effectively and quickly.**
- **We take all complaints seriously.**

Our aim is to investigate it properly and to treat everyone fairly. We will aim to keep you informed at every stage and to let you know in writing what we have done and, if we reasonably can, tell you what will be done to remedy the situation. We will also let you know who you can contact to take your complaint further if you are not satisfied with the outcome. Every situation is different and we cannot say for certain that this procedure will be followed every time. We will do our best to do what is fair and reasonable in all the circumstances but the way we do this may vary. This process is not 'set in stone' therefore.

Step 1

Initially, talk to a member of staff (or volunteer). If the complaint/problem is not resolved please contact their supervisor who will discuss the matter with you and make a record of your complaint and any suggestions you have for solving the problem. At this stage, the complaint will be raised at the next staff business meeting and the supervisor will try to let you know the outcome within 10 working days.

Step 2

If you are not satisfied with the outcome, or the complaint requires to be taken more seriously, you can either call to discuss the matter or arrange to meet with a senior manager giving details of the complaint and any suggestions you have for solving the problem. The senior manager will conduct a thorough investigation and try to provide you with a written response within 10 days of receiving the complaint.

Step 3

If you are not satisfied with the outcome, you can either call to discuss the matter or arrange to meet with the person in charge giving details of the complaint and any suggestions you have for solving the problem. The person in charge is: Tam Hendry, Chief Executive, Venture Scotland, 1D Industrial Units, 4 Norton Park, Edinburgh EH7 5RS. Phone: 0131 661 6786

Step 4

The Office of the Charity Regulator (OSCR)

If you have exhausted Venture Scotland's complaints procedure and/or the complaint cannot be handled by another appropriate authority, and you still have significant concerns, you may be able to complain to OSCR. OSCR is the official government body that oversees Scottish Charities. Guidance on what types of complaint you can make and how you should do so, can be found here: <http://www.oscr.org.uk/managing-your-charity/how-to-complain-about-a-charity/making-a-complaint/>