

**The Anna Wilkinson Mockingbird Trust**

**Treat Referral Form**

***SEE OUR WEBSITE FOR LOTS OF TREAT IDEAS – WHAT WILL YOU CHOOSE?***

[*www.theannawilkinsonmockingbirdtrust.co.uk/treats*](http://www.theannawilkinsonmockingbirdtrust.co.uk/treats)

Please complete this form with your referrer to let us know what treat you would like, and we will do our best to arrange it.

Referrer – please complete this form then return by email to: info@themockingbirdtrust.co.uk

**YOUNG PERSON’S DETAILS**

First Name Last Name

Address

Postcode Date of Birth

Email address

Tel/Mob

Any accessibility requirements?

Who should we contact when arranging your treat?

Young Person or someone else? (If someone else please give name, telephone, and relationship)

Emergency contact name/no.



What treat would you like?

Let us know what you would like, giving as much detail as possible. When would you ideally like your treat? Will others be joining you, and if so, how many? Would you like us to organise transport for you too?

This information will help us to organise a great treat.

Look at our website for lots of ideas: [www.theannawilkinsonmockingbirdtrust.co.uk/treats](http://www.theannawilkinsonmockingbirdtrust.co.uk/treats)

We’d love to see photographs of your treat experience.

We’d love to see photographs of your treat experience. Sometimes we like to include treat stories on our website or social media to help raise awareness of what we do. We would only use your first name and never include personal information. If you enjoy your treat and are happy for us to use photographs in this way, please send some to the team member who has organised your treat.

If you send us photos, you will be giving your consent for us to use them in this way, but you can withdraw your consent at any time, by contacting The Mockingbird Trust.

All persons taking part in the treat do so at their own risk.

Where appropriate we may request medical confirmation to confirm it is safe for the young person to engage in the activity they have requested.

By completing this application form with their referrer, the young person agrees to the above and agrees that the charity will hold the information provided for 5 years after the date the treat has been fulfilled. Their information will be kept securely and will not be shared.

**REFERRER’S DETAILS**

|  |  |
| --- | --- |
| **Referrer’s Name** |  |
| **Referrer’s Organisation**  |  |
| **Referrer’s Email Address** |  |
| **Referrer’s Telephone**  |  |
| **Referrer’s Signature**  |  |
| **Date** |  |
| **When is this treat required?** S, H, or FT? |  |