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**Free Range Project – October 2025**

*Referrals are being accepted for the October holidays from the following committee areas:*

**Monday 13th – Friday 17th October – Glenrothes**

*Closing date for referrals****: Friday 19th September 2025***

**SECTION 1**

**Child Referral Form**

**Name**

**Home Address**

**Postcode**

**Date of birth**

**Age of child** (referrals accepted for pre-school nursery year to P5)

**Gender**

**Home Language**

English/Other

**If other, please specify.**

**What Primary School does the child attend?**

If applicable, please provide details below of any further school or support unit attended and pattern of attendance (i.e. reduced timetable)

**Has the child attended the Free Range project before?**

Yes/No

*\*****Please not****e\* priority is given to children who have NOT attended the project before. However if there are spaces available after the closing date we will consider the referral on a first come first served basis.*

**FAMILY INFORMATION**

**Parent/Carer Name**

**Parent/Carer Contact Number**

**Parent/Carer Email Address**

**Please provide an additional emergency contact name and number**

**ADDITIONAL INFORMATION**

**Doctor's Name, Address and Telephone Number**

**Please detail below any medical conditions**

**Will any medication be required to be administered by staff at Free Range for the child?**

Yes/No

**If yes, please provide details below**

**Children are provided with lunch, snacks and drinks**

**Please detail below any specific food/dietary requirements**

**The child has permission for the following:**

\*Please delete as appropriate

Photos Yes/No

Photos for publicity/training Yes/No

Videos Yes/No

Videos for publicity/training Yes/No

Sun Cream Yes/No

**Children are provided with waterproof clothing, jacket, trousers, fleece and wellies.**

**Child's shoe size**

**Child's clothing size**

**Top**

**Bottom**

**Ethnicity**

White

Asian

Asian Scottish

Asian British

Black

Black Scottish

Black British

Mixed or multiple ethnic background

Other ethnic background

**If other, please specify**

**Please ask the parent/carer to check this information and sign below.**

**Parent/Carer – Referral review confirmation**

I confirm that the information provided in the Referral Form is accurate and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2** (For completion by referring professionals only)

**REFERRAL REASONS**

Please provide a brief overview regarding your reasons for referring the child in relation to the child/ young person’s Health and Wellbeing.

**SAFE**

**HEALTHY**

**ACHIEVING**

**NURTURED**

**ACTIVE**

**RESPECTED**

**RESPONSIBLE**

**RESPONSIBLE**

**INCLUDED**

**Please let us know what outcomes you wish for the child** **as a result of attending the Free Range Project.**

**Please tell us if there are any specific challenges the child is currently experiencing when playing outdoors with others.** If applicable (i.e. playground, nursery garden etc)

**Does the child have 1:1/shared PSA support currently?**

Yes/No

**If yes, please detail the support below**

**Will the child require 1-1 support from a PSA to attend Free Range?**

Yes/No

* Please note that if 1-1 PSA support is required for playing outdoors at nursery or school, the referrer should ensure this support has been arranged prior to submitting the referral.
* The referral will only be considered if the PSA support required is available.
* PSA support is required to be funded by the referrer.
* The PSA should ideally be familiar to the child.
* Staff at Free Range cannot provide 1-1 support.

**Name of PSA and contact details if applicable**

**Will the child require any support when playing outdoors?** Please provide full and accurate information as this will help staff at the Free Range support the child fully.

Yes/No

**If yes, please detail below the support to be provided**

**REFERRER INFORMATION**

**Referrer Name**

**Designation**

**Service/Agency**

Social Work

Education

Family Support Service

NHS

Voluntary Sector

Other

**Address Postcode**

**Contact No.**

**Email**

**Are you the professional contact during the project?**

Yes/No

**If no, please provide the Name, Contact No. and Email Address of an alternative professional contact** \*Please note\* we must have a professional contact available for the child during the project

I confirm that I have provided accurate and full information contained in the Referral Form and have included the completed Excursion Medical Consent Form.

**Signed: Date:**

**Please email the completed Referral Form and the Excursion Medical Consent Form to:**

[**Free.Range@fife.gov.uk**](mailto:Free.Range@fife.gov.uk)

**Closing date Friday 19th September 2025**