

ZAP APPLICATION FORM

Please fill out this form as honestly and accurately as possible. The details given below will provide the information required for the young person to attend the course and also help us to prioritise cases in the event that a workshop is oversubscribed.

Name of adult referring

Job title of adult referring

School/youth setting

**Contact Details – Address/
Phone number/email**

Young person's name

Date of birth

Contact details

**Young persons contact
number mobile/home**

Please circle the date of the ZAP course the young person would like to attend

20th March

24th April

5th June

10th July

18th September

16th October

We require some background information on all potential ZAP participants. Please give us as much detail as possible about the young persons bullying experiences, how it's affected them emotionally, mentally and physically.

We like to find out a bit about the young people attending the ZAP course. Please complete the section below.

Does the young person have any special educational needs?

Does the young person have any medical conditions we should be aware of?

Does the young person have any specific dietary requirements?

What are the young persons interests/hobbies?

Parents/carers are required to attend the second half of the workshop day to work with the trainers to equip them with skills to continue the help and support the young person after the course. If a parent/carer is unable to attend we require another trusted adult to attend in place of the parent/carer. If this cannot be arranged then you will need to contact us to discuss what other arrangements can be put in place.

Please fill out the details of the adult attending the second half of the day's workshop

Name of the adult attending ZAP session

Relationship to the Young Person?

Contact details

Parental consent is required for each young person to attend the ZAP workshop, please read and sign the following.

I the parent/carer of give my permission for my son/daughter to attend Victim Support's ZAP workshop and understand that I or another trusted adult needs to attend the afternoon session. I consent that all the information above is correct and that the information that has been provided will only be used by Victim Support staff.

I understand that places are limited and this referral does not guarantee that my son/daughter will receive training.

.....
Parent/carer signature

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Dated

Please return completed forms to:
Young Victims Project - Victim Support,
6 Taverners Square, Silver Road, Norwich, NR3 4SY

If you have any questions please contact us on 01603 619376 or email us norfolk@victimsupport.org.uk