



Referral Form

Please use the form below to refer a young person to *Acting Up!*

For more information about the project please contact Abigail Oscroft on 01904655317 or email youth.theatre@rltc.org.

Young Person's Name _____ Age _____

Address _____

Postcode _____ Contact Telephone _____

Parent/Carer Name _____

Contact Email _____

Name of Person Referring _____ Role _____

Name of Referring Organisation _____

Contact Telephone _____ Email _____

Date of Referral _____

Other useful information:

School _____ SENCO _____

Social Worker _____

Key Worker _____

Other Information _____
