



**Birkenhead District Scout Council – Special Needs Section**

**Referral Form**

Please complete with as much detail as possible, if additional forms are required please either photocopy or contact Martin Perkins.

**About You:**

**Name:** .....

**Address:** .....  
.....  
.....

**Post Code:** .....

**Telephone Number:** .....

**Relationship to Child:** .....

**About the Referred Child:**

**Name:** .....

**Address:** .....  
.....  
.....

**Post Code:** .....

**Telephone Number:** .....

**Date of Birth:** ..... **Age:** .....

**Special Needs:** .....  
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**Name of School (If Known):** .....

**Any Other Information:** .....  
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**Please return all forms to Birkenhead Scouts Special Needs c/o Birkenhead District Scout HQ, 15 Balls Road, Oxton, Wirral, CH43 5RF**