



**ABOUT US**

Our aim is to build confidence, self esteem, resilience and social skills for young people in a friendly and wholesome environment, providing a platform for them to develop skills and knowledge to learn about, respect and experience the thrill of being on stage and in the music room but also in the world of work and life itself.

Our goal is to foster a commitment to the youth we interact with, that will promote social, strong friendships, interpersonal skills and reassert a sense of hope in their future as an individual. Only through personal relationships can a sense of responsibility be established that will give these young people the commitment to follow through on their path to adulthood with a sense of accomplishment and self-worth.

RoKzKool offers a unique service in the Highlands that is tailored to fit every individual we involve. There is no other extra-curricular activity that provides the youth with the same opportunities we offer to sample a wide variety of instruments such as drums, wind instruments, piano, double bass, acoustic and electric guitar, singing and learning the structure of musical notes. You can browse our gallery page to see some of the musical instruments and our students playing them.

Our workshops offer a flexible yet professional structure allowing both solo work, being part of a group and the skills (both social and mental) learnt can not only see them well on their way in the stage but in wherever their dreams may take them!

To help us achieve the best we can, please complete the following referral form with the young person whom you are referring.

**PART 1 - WHO IS MAKING THE REFERRAL?**

Full name of person making the referral:

What is your role in relation to the family/young person?

Email:

Phone number:

Date of referral:

## **PART 2 - WHO IS BEING REFERRED?**

Please provide the details of the young person who is being referred.

First name:

Surname:

Address:

Date of birth:

Age:

Does the young person identify as (please select as appropriate):

Female Male Other Prefer not to say

Does the young person currently attend school? Yes No

If yes, which school do they attend?

is the young person currently a part of any other organisations? If so, please specify below and provide the details of the organization:

Organization name:	Main contact:	Project name/details:

Does the young person require any additional support for them to attend face-to-face/ digital sessions? Yes No

If yes, please take some time to tell us why below (this can be discussed in greater detail later in the referral process):

### **PART 3 - ABOUT THE REFERRAL**

What would YOU like the young person/ family to receive through our support?

- Increasing confidence
- Given social opportunities
- Working well in a group
- Finding other support services
- Trying new things
- Getting a qualification/certificate
- Making a difference in their community
- Other eg. Emergency food box (please specify):

When would you like the referral to start?

Is there any other information you/the young person or family being referred would like to add?

Please return your completed form to [rokzkoolacademyinfo@gmail.com](mailto:rokzkoolacademyinfo@gmail.com)  
RoKzKool Academy, 30 Birch Brae Drive, Kirkhill, Inverness, IV5 7QN  
For more information or to discuss a referral, call us on 01463 831023 OR 07713 894742

Rokzkool Academy respect your personal data and will store it according to GDPR rules.

<b>OFFICE USE</b>
<i>Has the referral been accepted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - with conditions
<b>Reference number:</b> <input style="width: 100%;" type="text"/>
<b>If 'No', please provide a reason:</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>If 'Yes - with conditions', please provide a reason:</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>What type of placement has been offered?</b> <input type="checkbox"/> Fully supported by key worker <input type="checkbox"/> Partially supported by key worker <input type="checkbox"/> Not supported by key worker <input type="checkbox"/> Aiming for unsupported placement
<b>Where is the placement?</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>Name of placement worker:</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>Referral agreed by:</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>Invoicing options:</b> <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 6