

Magic Carpet Projects Moving On Fact Finding Form



Magic Carpet

Group or Groups attended.....

Contact details

Name..... D.O.B.....

Address.....

..... Tel..... Mobile

Email

Contact Name..... Date.....

What are my interests in art?

Painting & drawing	Singing	Dancing	Music Making	Writing
Performing	Sculpture	Clay/modroc	Movement	Murals
Mosaic	Poetry	Exhibiting own work	Making – eg musical instruments	Creating out door art
Creating with “junk”	Printing	Story telling	Animation	

What would I like to do in 6 months/12 months time?

	6m	12m		6m	12m
Try out some new arts activity			Join a club		
Do a college course			Find some work		
Make new friends			Learn another skill		
Visit art galleries and exhibitions			Get out of the house more		

Notes

Creatively I would really like to have a go at

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What am I good at?

What would I like some help with?

My computer skills and knowledge of Facebook

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My skills with my mobile phone and texting

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General Information

Any Medical Conditions eg epilepsy/diabetes/other please specify

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Signed:

General Information (only fill this in if you are new to Magic Carpet and have not previously filled one in)

Does the person named above need assistance with basic Self-Care tasks such as toileting or feeding? YES/NO

Details.....

Is the person named above able to communicate needs verbally?

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Non Verbal? (any details).....

Any other information you feel we may need to know e.g. behavioural problems, medication, dislikes/likes etc

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Any other information that may be relevant

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I confirm that this referral has been discussed with the client and the carer/parents and all are in agreement.

PLEASE REMEMBER THAT IT IS VERY IMPORTANT TO KEEP US UP TO DATE WITH CONTACT TELEPHONE NUMBERS AND DETAILS. WE NEED YOU TO BE RESPONSIBLE FOR THIS.

Signed.....Participant or Responsible Carer

Please return this form to: Clive Essame, Moving On, Magic Carpet, The Scrapstore, Gordon Road, Exeter, EX1 2DH
cre@magiccarpet-arts.co.uk