**RLE Referral Form**

**RLE Mission Statement**

Real Life Education (RLE) provides a focus on a child’s wellbeing through improving their future outcomes. This is achieved by placing an emphasis on developing a young person’s resilience and wellbeing through educational opportunities, establishing prosocial support networks and strengthening positive relationships through professional engagement with mentors and clinical provision.

Every young person supported by the service has access to a bespoke 4 phase L.I.F.E programme that is led via a mentoring approach that has clinical oversight.

Clinical support packages are available that provide specialist assessment and intervention. Additional opportunity is also provided to multi-agency staff members through consultancy, supervision, and access to training within the RLE HUB.

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| **Section A*****This section is to be completed by the referrer, prior to the initial consultation in case discussion.*** |
| Real Life Education (RLE) LTD is required by law to obtain certain information for all children and young people, to ensure the organisation can meet the needs of the individual. **Please ensure you complete all of Section A.**Where relevant, please provide all documentation such as EHCP, care plans, PEP documents, previous psychology assessments, ILPs, risk assessments, behaviour records, care chronologies.  |

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| **1.1 About the child/ young person** |
| **Full name:**  | **Date of Birth:**  |
| **Gender:** | **Sex:** |
| **Ethnicity:** | **First language (spoken):** |
| **Looked after status (tick as appropriate)** |
| Foster placement |  | **Care plan or chronology provided?**YesNo (if not, please provide the reason for this)**Care plan/ chronology review date:**  |
| Residential placement  |  |
| Placed with extended family |  |
| **Please provide details of any responsivity/ SEN needs:** | **EHCP provided?**YesNo (if not, please provide the reason for this)**EHCP review date:**  |
| **Local authority:** | **Social worker name:****Social worker contact number:****Social worker email address:** |
| **Risk, Need & Vulnerability** |
| **Areas of risk for this young person?** |  |
| **Known safeguarding concerns for this young person?** |  |
| **Other agencies involved (please provide names, contact details and brief details)** |  |

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| **1.2 Diagnoses** |
| **Physical health conditions** |  |
| **Diagnoses or working diagnoses related to developmental disorders and/ or cognitive functioning needs** |  |
| **Psychiatric disorders** |  |
| **Medication or provisions of support needed:** |
| **GP name and address:** |

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| **1.3 Child/ young person’s residence** |
| **Home address:****Postcode:** | **Who else resides at this address?** |
| **Other home address *(if applicable)*****Postcode** | **Who else resides at this address?** |
| **When does this address apply?** |

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| **1.4 Details of caregivers & Emergency contact information** Please provide full details of all caregivers, in order of priority for contacting them |
|  | 1st | 2nd | 3rd | 4th |
| Full name |  |  |  |  |
| Relationship to the child/ young person |  |  |  |  |
| Address |  |  |  |  |
| Contact number |  |  |  |  |
| Place of work (if applicable) |  |  |  |  |
| Working hours |  |  |  |  |
| Email address |  |  |  |  |
| First language |  |  |  |  |

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| **1.5 referrer details** |
| **Name of referrer:** **Email address:****Primary telephone number:**  | **Address:**  |
| **Finance contact *(for invoicing)*** |
| **Name of contact:** **Email address:****Primary telephone number:**  | **Address:**  |

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| **1.6 referral rationale**  |
| **Reason for the referral:**  |
| **Please select the following behaviours that have been a cause for concern:** |
| **Verbail abuse/ threatening language** |  | **Harmful sexual behaviours** |  |
| **Fire setting** |  | **Racially aggravated language** |  |
| **Drug/ alcohol misuse** |  | **Property damage** |  |
| **Theft** |  | **Smoking/ vaping** |  |
| **Child criminal exploitation** |  | **Child sexual exploitation** |  |
| **Physical assault towards peers** |  | **Physical assault towards adults** |  |

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| **Referrer’s signature** **Date of referral** |  |

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| **Section B*****This section is to be completed by the referrer, prior to the initial consultation in case discussion.*****Acknowledgement of Risk & Waiver** **RELEASE OF LIABILITY** |
| **For the purpose of this clause**“REAL LIFE EDUCATION LTD ” shall include its directors, agents, employees, fitness trainers, mentors, consultants, volunteers, owners of the land at which REAL LIFE EDUCATION LTD carries out its activities and volunteers;**1. Liability Waiver and Assumption of Risk**I, the undersigned parent/guardian, on behalf of the participant named above, acknowledge and understand that participation in any activities organised by REAL LIFE EDUCATION LIMITED involves certain inherent risks, including but not limited to, physical injury, emotional distress, and property damage. I agree to release and hold harmless REAL LIFE EDUCATION LIMITED, its employees, mentors, consultants, volunteers, agents, another service provider and any other affiliated parties from any liability, claim, or cause of action arising out of or relating to my child's participation in any RLE activities including those arising from any negligence.I further acknowledge that I am responsible for ensuring that the participant is healthy and fit to participate in the event or activity. I assume all risks of injury, harm, or damages associated with participation.**2. Medical Waiver and Authorisation**In the event of an emergency, I, as the legal guardian of the participant, grant permission for the staff of REAL LIFE EDUCATION LIMITED to seek and provide medical treatment for the participant in the event of an injury or illness. I consent to the administration of necessary medical treatment, including transportation to a medical facility, if needed.I also confirm that the participant has no known medical conditions, allergies, or disabilities that would prevent participation in the event or activity, unless otherwise stated.**3. Release of Claims**I, the undersigned parent/guardian, agree to release and discharge REAL LIFE EDUCATION LIMITED and all affiliated parties from any and all claims, demands, causes of action, damages, or liabilities of any kind, including personal injury or property damage, arising out of or in connection with participation in any RLE activities. This release includes any claims caused by the negligence or fault of the released parties.I further agree that this waiver and release shall be binding upon me, the participant, and our respective heirs, executors, administrators, and assigns. 4. Reimbursement for Costs and ExpensesI understand and agree that if REAL LIFE EDUCATION LIMITED incurs any costs or expenses as a result of the participant's actions or failure to comply with the event’s rules, regulations, or terms (including but not limited to damage to property, legal fees, medical costs, or any other costs associated with the participant's behaviour or failure to comply), I, as the parent/guardian of the participant, agree to reimburse REAL LIFE EDUCATION LIMITED for any such costs and expenses incurred. This reimbursement obligation includes any legal fees or other expenses required to address damages or claims arising out of the participant's actions.**5.  Privacy and Data Protection:**REAL LIFE EDUCATION LTD may collect, store and process personal information that you provide when completing forms on REAL LIFE EDUCATION LTD’s website or by corresponding with REAL LIFE EDUCATION LTD by phone, e-mail or otherwise. The information you provide may include your name, address, e-mail address, phone number, personal description, and photograph.You have the right to withdraw your agreement to the collection, storage, processing and use of your personal data at any time. If you wish to do so, please visit www.reallifeeducation.co.uk or email REAL LIFE EDUCATION LTD at office@reallifeeducation.co.uk **6. Acknowledgment of Understanding**I, the undersigned, have read this waiver and release form in its entirety, understand its contents, and voluntarily sign it. I acknowledge that by signing this document, I am waiving important legal rights on behalf of the participant named above. |

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| **2.1 About the child/ young person** |
| **Full name:**  | **Date of Birth:**  |
| **Gender:** | **Sex:** |
| **Ethnicity:** | **First language (spoken):** |

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| **2.2 Emergency contact information** |
| **Full name:**  | **Date of Birth:**  |
| **Emergency contact number:**  | **Email Address:**  |
| **Relationship to the child:**  | **First language (spoken):** |

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| **2.3 Relevant information about the child/ young person’s needs***e.g., allergy information, physical health, mental health, responsivity needs*  |
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| **Referrer’s signature**  |  |

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| **Relationship to the child/ young person** |  |

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| **Date**  |  |