

REFERRAL FORM

Young Person's Name:	
Current School:	
National Curriculum Year:	

Office Use	
Date received:	
Supporting Evidence:	
Decision:	

YOUNG PERSON			
Preferred Name:			
Address:			
Postcode:			
Date of Birth:		Gender:	
Ethnicity:		Religion:	
UPN:		ULN:	
Date leaving school:		Free school meals:	Yes / No

Does the young person have an EHCP?	Yes / No	Primary Need:	
Secondary Need:		Tertiary Need:	

PARENT/CARER			
Parent/Carer 1 name:		Relationship to young person:	
Telephone number:		Parental Responsibility?	
Address:			
Parent/Carer 2 name:		Relationship to young person:	
Telephone number:		Parental Responsibility?	
Address: (If different from above)			
Emergency Contact details:		Relationship to young person:	
Telephone number:		Address:	

CARE INFORMATION			
Is the young person currently in care?		Has the young person previously been in care?	
Has there been any child protection concerns for this young person?		Provide contact details for further information:	

HEALTH INFORMATION	
Does the young person have any medical conditions? Please provide details:	
Does the young person require medication to be taken during educational hours?	
Does the young person have any allergies or dietary requirements that we need to be aware of?	
Does the young person have any mobility needs?	

Please list all schools attended from year 7 onwards:	
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*Please tick the courses that are required - Baseline assessments will be carried out on entry to the Hub.

CURRICULUM OFFER	AWARDING BODY	CURRENT LEVEL	REQUIRED (Tick)
English Functional Skills (Entry Level 1 - Level 2)	City and Guilds		
Maths Functional Skills (Entry Level 1 - Level 2)	City and Guilds		
Personal Progress and Independence (Entry Level 1)	City and Guilds		
Employability Skills / Personal Social Development (Entry Level 2 - Level 2)	City and Guilds		

ATTAINMENT			
Subjects	Qualification Type (GCSE, Func Skills, Entry Level)	Awarding Body	Predicted Grade
<i>Please include all subjects the young person is currently taking</i>			
English			
Maths			
IT			
Science			

OTHER ASSESSMENT DATA

Reading age		Date checked	
Comprehension age		Date checked	
Spelling age		Date checked	

EXAM ACCESS ARRANGEMENTS

Date Assessed:	
Details: (Extra time / reader / scribe etc.)	
Expiry Date: (Usually 26 months from approval)	

YOUNG PERSON'S STRENGTHS / INTERESTS / HOBBIES

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YOUNG PERSON'S GOALS AND ASPIRATIONS

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BEHAVIOUR								
Is there a risk of:	None	Low		Medium		High		Provide detailed examples of the young person's behaviour including frequency
		1	2	3	4	5	6	
Harm or physical aggression towards other young people								
Threats towards other young people (including cyber bullying)								
Threats towards members of staff								
Harm or physical aggression towards staff								
Harm or physical aggressions towards members of the public								
Name calling or verbal abuse								
Refusal to follow instructions								
Vandalism								

Has the Young Person been excluded in the past?	Yes / No
Detail all FTE / PEX:	

VULNERABILITIES					
Is there a risk of:	None	Low	Medium	High	Provide a detailed explanation of the young person's vulnerabilities
Absconding					
Being bullied including cyber bullying					
Domestic Violence					
Radicalisation					
Risk taking behaviour					
Self-harm					
Sexual Exploitation					
Substance misuse					
Any Other:					

EXTERNAL AGENCY INFORMATION			
Agency	Contact name	Telephone/E-mail address	Additional Info:
GP/Consultant			
Speech and Language (SALT)			
Social Care Team			
CAMHS			
Youth Offending Service			
Other:			

COMMISSIONER DETAILS			
LA Name or School:			
Address:			
Name of Referrer:		Position of Referrer:	
Contact Number:		Contact email address:	

School contact details (e.g. SENCO, Class Teacher)			
Name	Role	Telephone number	Email

REFERRAL CONSENT	
I agree that all of the information submitted is up to date and provides a true reflection of the young person.	
Signed:	
Name:	
Date:	

SUPPORTING EVIDENCE	Checklist
EHCP	
Most recent school report	
Educational Psychologist report	
Previous School Assessment Data	
Individual Education Plan	
Behaviour Care Plan	
Pen Portrait	

Please send referrals to admin@TransitionsHub.co.uk