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| Transitions Hub **≥** |

REFERRAL FORM

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| Young Person’s Name: |  |
| Current School: |  |
| National Curriculum Year: |  |

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| **Office Use** | |
| Date received: |  |
| Supporting Evidence: |  |
| Decision: |  |

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| **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: |  |

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| **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: |  |

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| **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: |  |

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| **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? |  |

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| Please list all schools attended from year 7 onwards: |  |

\*Please tick the courses that are required - Baseline assessments will be carried out on entry to the Hub.

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| **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 |  |  |

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| **ATTAINMENT** | | | |
| **Subjects** | **Qualification Type** (GCSE, Func Skills, Entry Level) | **Awarding Body** | **Predicted Grade** |
| *Please include all subjects the young person is currently taking* | | | |
| English |  |  |  |
| Maths |  |  |  |
| IT |  |  |  |
| Science |  |  |  |
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| **OTHER ASSESSMENT DATA** | | | |
| Reading age |  | Date checked |  |
| Comprehension age |  | Date checked |  |
| Spelling age |  | Date checked |  |

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| **EXAM ACCESS ARRANGEMENTS** | |
| Date Assessed: |  |
| Details:  (Extra time / reader / scribe etc.) |  |
| Expiry Date:  (Usually 26 months from approval) |  |

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| **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 |  |  |  |  |  |  |  |  |

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

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| **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: |  |  |  |  |  |

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| **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: |  |  |  |

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

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

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| **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](mailto:admin@transitionshub.co.uk)