**Creative Learning Referral Form**

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| **Student Details**  |
| First Name  |  |
| Middle Name  |  |
| Surname  |  |
| Date of Birth  |  |
| Age  |  |
| School Year  |  |
| Sex  | Male |  | Female |  |
| Home Address  |  |

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| **Parent / Carers Details**  |
| Parent Carer Name  |  |
| Address  |  |
| Telephone Number  |  |
| Email Address  |  |
| Parent Carer Name  |  |
| Address  |  |
| Telephone Number  |  |
| Email Address  |  |
| 1st Emergency Contact Details  | Name Number Relationship  |
| 2nd Emergency Contact Number.  | Name Number Relationship  |

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| **School Details**  |
| School Name & Address |  |
| Telephone number  |  |
| School contact/s |  |
| Email address  |  |

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| **Session Days, Times and Duration**  |
|   1 | Parents have agreed to mentoring  |   Yes  |   No  |
| 2 | Parent permission to travel in mentor’s car  | Yes | No |
| 3 | Is a car seat required  | Yes | No |
| 4  | Agreed for mentoring to be off site in the community  | Yes  | No  |
| Days | Required Full days  | 9.00-12.00 | 12.00-15.00  |
| Mon  | Yes /No Yes/No  | AM  | PM |
|  Tue  | Yes/No Yes/No  | AM  | PM |
| Wed  | Yes/No Yes/No  | AM  |  PM |
| Thurs  | Yes/No Yes/No  | AM  | PM  |
| Fri  | Yes/No Yes /No   | AM  |  PM  |
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| **Risk Assessment** |
|   Risk  | Yes | No | Comments |
| Non-attendance  | Yes | No |  |
| Disruptive behaviour  | Yes | No |   |
| Verbal abuse to staff  | Yes | No |  |
| Physical abuse to staff  | Yes | No |  |
| Bullying peers  | Yes | No |   |
| Assaulting peers  | Yes | No |   |
| Drug taking  | Yes | No |  |
| Persistent non-attendance  | Yes | No |   |
| Anxiety disorder  | Yes | No |  |
| ADHD diagnosis  | Yes | No |  |
| EHCP | Yes | No |  |
| Low self esteem  | Yes | No |  |
| Medical conditions  | Yes | No |  |
| Medication required  | Yes | No |  |
| Allergies  | Yes | No |  |
|  Additional information  |    |

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| Any known barriers to learning  |  |
| Aims for mentoring  |  |
| 1st goal for student  |  |
| 2nd goal for student  |  |
| 3rd goal for students  |  |

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| Commissioner Details  |
| Reason for referral  |  |
| Brief history of the student  |  |
| Name  |  |
| Mobile Number |  |
| Landline Number and extension.  |  |
| Organisation  |  |
| Job Role  |  |
| Email Address  |  |
| Purchase order number  |  |
| Signed  |  |
| Dated  |  |