**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 |  |