Referral Form

**Email completed form to:** **provision@yourbeautyschool.co.uk**

Please complete this form with as much information as possible and attach any relevant documents such as risk assessments and support plans.

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| **Referrer’s Details** |
| **Name**  |  |
| **School or Organisation**  |  |
| **Contact number** |  |
| **Email address** |  |

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| **Young Person’s Details** |
| **Name**  |  |
| **Date of birth** (dd/mm/yyyy) |  |
| **Age**  |  |
| **Unique Pupil Number (UPN)** |  |
| **Registered school name & address** |  |
| **Gender**  |  |
| **Ethnicity**  |  |
| **Parent/Carer Details** |
| **Name**  |  |
| **Relationship**  |  |
| **Address** |  |
| **Contact number** |  |
| **Email**  |  |

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| **Is the learner under the care of Social Services?** | [ ]  Yes | [ ]  No |
| **Name of social worker** |  |
| **Address**  |  |
| **Contact number** |  |
| **Email address** |  |

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| **Emergency contact details** |
| **Name**  |  |
| **Relationship to learner** |  |
| **Address** |  |
| **Contact number** |  |
| **Work contact** |  |
| **Email address** |  |

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| **Medical information** |
| **Please state any medical conditions that the learner has.** |
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| **Please list any medication that the learner takes and any side effects that they experience.** |
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| **Please select the following that applies:** |
| [ ]  Traveller/Gypsy[ ]  Teenage Parent[ ]  Behaviour management issues[ ]  In public care[ ]  Bullying behaviour[ ]  Expresses racist/sexist/homophobic views[ ]  Child Protection issues[ ]  Victim of bullying | [ ]  Has a disability[ ]  Caring responsibilities[ ]  Young offender[ ]  Literacy support needs[ ]  Refugee/Asylum seeker[ ]  Drug/substance involvement[ ]  History of truancy[ ]  History of violence |
| **Details:** |
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| **What is the reason for this referral?** |
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| **Start Date** (dd/mm/yyyy)**:** |
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| **Number of days per week**  |
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| **Required length of placement for learner:** |
|  |
| **Are there any additional support needs? Please state:** |
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| **What does the learner hope to achieve from this placement?** |
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| **Please give any additional information that you feel will be relevant.** |
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| **Date (dd/mm/yyy):** |  |