Referral Form

**Email completed form to:** [**provision@yourbeautyschool.co.uk**](about:blank)

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:** |  |
| **Previous School details:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **How long has the young person been out of education?** |  |
| **Does the young person have EHCP?** | Yes  No |
| **Is the young person a Looked After Child?** | Yes  No |
| **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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| **Does the young person have a mental health condition?** | | Yes | No |
| **If yes, please provide details of diagnosis:** |  | | |
| **what treatment has been prescribed?** |  | | |

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| **Please select the following that applies:** | |
| Traveller/Gypsy  Teenage Parent  Behaviour management  In public care  Bullying behaviour  Expresses racist/sexist/homophobic views  Child Protection issues  Victim of bullying | Disability  Young Carers  Young offender  SEND  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)**:** |
|  |
| **Number of days per week** |
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| **Required length of placement for learner:** |
|  |
| **Are there any additional support needs? (i.e. educational or emotional) Please state:** |
|  |
| **What does the learner hope to achieve from this placement?** |
|  |
| **Please provide any additional information that you feel will be relevant.** |
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| **Date (dd/mm/yyy):** |  |