

YBS Referral Form

Email completed form to admin@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.

Referrer's details	
Name	
Organisation	
Contact number	
Email address	

Learner's details	
Name	
Date of birth	
Age	
Gender	
Ethnicity	

Parent/Carer details	
Name	
Relationship	
Address	
Contact number	
Email	

Is the learner under the care of Social services?	
Name of social worker	
Address	
Contact number	
Email address	

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

Medical information
Please state any medical conditions that the learner has.
Please list any medication that the learner takes and any side effects that they experience.

Please provide details regarding the student's background and characteristics. This information will help with our assessment and enable us to assist the student effectively. (For example, teenage pregnancy, history of truancy or violence etc.)

What is the reason for this referral?

Required length of placement for learner.

Are there any additional support needs? Please state

What does the learner hope to achieve from this placement?

Please give any additional information that you feel will be relevant.