STUDENT REFERRAL INFORMATION SHEET

Please be as honest as you can completing this referral and risk assessment form. We want everyone to have a positive outcome in learning/volunteering with us, which is why we apply recognised safeguarding principles to all our work.

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| **REFEREE DETAILS** |
| REFERRED BY (Nameand Organisation): |  |
| CONTACT NUMBER: |  |
| REFERRED FOR(Course): |  |

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| **LEARNERS BASIC DETAILS** |
| DATE OF REFERRAL: |  |
| LEARNER’S NAME: |  |
| DATE OF BIRTH: |  |
| NATIONAL INSURANCE NUMBER: |  |
| HOME PHONE NUMBER: |  |
| MOBILE NUMBER |  |
| HOME ADDRESS: |  |
| EMERGENCY CONTACT(NAME, RELATIONSHIP AND CONTACT NUMBER): |  |

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| **INFORMATION NEEDED FROM SERVICES**Does the individual now or in the past have any of the following: |
| EHCP (Education Health Care Plan): |  |
| Rehabilitation of Offender Acceptance Order: |  |
| Subject to a MAPPA (Multi Agency Public Protection Arrangement), if so, what category: |  |
| Any Missed Education: |  |
| If you have answered ‘Yes’ to any of the above, please can you provide us with any details and attach a copy of relevant documents: |
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| **RISK ASSESSMENT**Please include detail as appropriate. |
| Is there any reason why the above named individual should not be integrated into groups containing vulnerable adults or children: |  |
| Has the learner ever been restrained while in school / police. If so, when, where, how, who and how was it de-escalated: |  |
| Does the learner have violent/aggressive physical or verbal outbursts at staff or other learners. If yes, how often does this occur and how is it de-escalated: |  |
| Does the learner have any mental health challenges,including any current or historical self-harming behaviour: |  |
| Is the learner currently, or historically, undertaking substance misuse? Have they undertaken any treatment programmes or medication? |  |

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| Does the learner require any additional help, for example related to additional learning needs, physical disabilities or social support? |
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| Additional Information (including any medical information) that could affect the learner undertaking any of our activities: |
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Date: Signed: