**Referrer Details**

**Student Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | **UPN No.** | |  |
| **Date of Birth** | |  | | **Gender** | |  |
| **Current School Year** | |  | | **Ethnicity** | |  |
| **Student Address** | | | | | | |
| **Tel. No.** |  | | **Email** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Language** |  | **CTF Available?** |  |
| **Other Spoken Languages** |  | **SEND Details** |  |
| **Interpreter Required?** |  | **Exam Access Arrangements** |  |
| **Religion** |  | **Free School Meals** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/ Provision/ Agency Name** | |  | | |
| **School/ Provision/ Agency Contact** | |  | | |
| **Tel. No.** |  | | **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Presenting Needs (Y/N)** | | | |
| **Ex-offender** |  | **EHCP in Place** |  |
| **Mental Health** |  | **Excluded from Mainstream** |  |
| **Drug Use** |  | **Lives with Single Parent** |  |
| **CLA (LAC)** |  | **Victim of Domestic Violence** |  |
| **Learner is a Young Parent** |  | **Homeless (including sofa-surfing)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  **(Title, First, Surname)** | |  | | | Priority 1 |
| **Relationship to Learner** | |  | | |
| **Contact Issues to be Aware of (work patterns etc.)** | |  | | |
| **Parent/ Carer Address** | | | | | |
| **Tel. No.**  **(landline and mobile)** |  | | **Email** |  | |

**Parent/ Carer Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  **(Title, First, Surname)** | |  | | | Priority 2 |
| **Relationship to Learner** | |  | | |
| **Contact Issues to be Aware of (work patterns etc.)** | |  | | |
| **Parent/ Carer Address** | | | | | |
| **Tel. No.**  **(landline and mobile)** |  | | **Email** |  | |

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| **In line with KCSiE 2018, if you are only able to provide one (1) parent/ carer contact for the learner, please detail reason:** |
|  |

|  |  |
| --- | --- |
| **Placement Request Details** | |
| **Respite (less than one full term)** | **(please detail)** |
| **Long-term** | **(please detail)** |
| **Enrolment Status at TWT** | **(DfE definitions only please)** |

**Placement/ Educational Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current/ Last School Attended** |  | **Date Last Attended** |  |
| **Is the Learner on a school role?** |  | **If ‘yes’ to school role, which school?** |  |

|  |  |  |
| --- | --- | --- |
| **Attendance at Last School/ Provision Attended – *PLEASE DO NOT LEAVE BLANK. 0% IF NEET/ UNKNOWN*** | | |
| **Attendance %** | **Authorised Absence%** | **Unauthorised Absence%** |
|  |  |  |

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| --- |
| **Reason for Referral, and Summary of Key Incidents (including fixed-term exclusions)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Services Involvement** | **Current (Y/N)** | **Details (including key contacts)** |
| **YOT** |  |  |
| **Police** |  |  |
| **CAMHS** |  |  |
| **Social Services** |  |  |
| **Education Psychology** |  |  |
| **Other (Please state)** |  |  |

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| **Does the learner have a CAF? Please give details, including contact information, for all involved** |
|  |

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| **Is the learner a LAC (CLA)? If ‘yes’, please give details of borough, key contact names, emails, and phone numbers:** |
|  |

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| **Are there any Safeguarding concerns around the learner (including peer-on-peer abuse) that we need to be aware of:** |
|  |

**Academic Subjects and Levels**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Studied? (Y/N)** | **Most recent major assessment point data (for GCSEs, please use grades & percentages, and for Functional Skills/Entry-Level, please use percentages) or learner subject narrative.** |
| **Mathematics** |  |  |
| **English Language** |  |  |
| **English Literature** |  |  |
| **Science** |  |  |
| **Humanities (please detail)** |  |  |
| **The Arts (please detail)** |  |  |

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| **If the above Academic Subjects and Levels table has not been completed, please provide a reason (for example ‘learner has been NEET for x months/ years/ etc.)** |
|  |

**Referral Finance**

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| --- |
| **Please provide contact details for who will be making placement payments (name, email, work telephone number, etc.).** |
|  |

**Risk Assessment of Learner**

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| --- | --- | --- | --- | --- |
|  |  | **Risk 1** | **Risk 2** | **Risk 3** |
| **Risk** | **Describe the foreseeable risk (physical assault/absconding/ verbal aggression, etc.).** |  |  |  |
| **Have they threatened it or actually done it?** |  |  |  |
| **Who is affected by the risk?** |  |  |  |
| **Assess the Risk** | **In which situation does the risk usually occur?** |  |  |  |
| **How likely is the risk to arise?** |  |  |  |
| **If the risk arises, who is likely to be hurt? (Student, Other Students, and/or Adults)** |  |  |  |
| **What kinds of injuries or harm are likely to occur?** |  |  |  |
| **How serious are the adverse outcomes? (On a scale of 1-5 with 1 being minor adversity and 5 being significant safety risks)** |  |  |  |
| **Manage the Risk** | **Which de-escalation strategies are most effective?** |  |  |  |
| **After a crisis how do they calm down best and with whom?** |  |  |  |
| **Are they able to take responsibility, and discuss issues later?** |  |  |  |

**Declaration**

|  |  |
| --- | --- |
| **I confirm that the information provided is accurate and true** | |
| **Print Name** |  |
| **Date form Completed** |  |
| **Signature** |  |