

Front page contact sheet-In case of emergencies this page may be handed to emergency services if an emergency occurs. For the referral to be considered all boxes must be completed. Record "none" in boxes which don't apply **FAILURE TO FULLY DISCLOSE ALL INFORMATION AND RISKS COULD DELAY OR TERMINATE THE PLACEMENT.** All referral forms must be sent to Broadstones school for checking.

**YOUNG PERSON'S DETAILS**

Name:	Date of birth:	Year group	Gender: (M/F)	Ethnicity
Contact address:				
Tel: (home)	Email address:			
Tel: (mobile)				
Emergency contact:	Emergency Tel:			

**SCHOOL/AGENCY DETAILS**

Name of School:	
Contact name:	Telephone: Mobile: Email:
Agency Contact 1 e.g. SW/VST/LAC/YOS:	Telephone: Mobile: Email:
Agency Contact 2	Telephone: Mobile: Email:

**PROVIDER DETAILS**

Name of Provider:	Date of referral to provider:
Name of Course:	Preferred days

Have school conducted a site visit or is this planned? <i>MARK with an X</i>	Conducted?	Planned?	Other? Briefly state reason
	YES x	No x	<b>In brief please enter related Detail</b>
EHCP in place			(If yes please attach a copy)
Any known allergy risk			
Is the student taking medication			
Diagnosed conditions			
Any known risk to self			
Any known risk to staff			
Any behavioural, attitude and motivation issues			
Any other personal risk or concern e.g.absconding,cse			
Lunch organised between Student and School/fsm?			
Consent for marketing materials e.g Photographs /websites/newspapers etc			
Have Travel arrangements been agreed between Student and School			
Has a taster/Induction taken place			
Positive Factors. hobbies /vocational interests	<b>In brief please enter related detail</b>		

SUMMARY OF YOUNG PERSON'S DETAILS	
Does the pupil have EHCP Y/N (If yes please attach the plan and the referral must be made to SMS Education School in the first instance)	
Please comment on the expected Key Stage 4 target achievement for this pupil in: Maths English  Examining board	
UCI (Unique Candidate Number)	
ULN (Unique Learner Number)	
Safeguarding information e.g. Child protection, CAF, LAC :	
Social and behavioural development:	
Family and environmental factors:	
Any additional information e.g agency involvement such as YOS:	
Who will be the young person's main contact for support who will monitor progress whilst they are on programme?	
Name:	Contact telephone number:

Initial Needs Assessment-Priorities	High	Medium	Low
Improvement in Engagement and attendance			
Access to vocational skills and vocational qualifications			
Improvement and qualifications in core skills			
Improvement in Social Skills			
Improvement in self confidence			
Improvement in self esteem			
Improvement in relationships with peers			
Improvement in motivation			
Improvement in Behaviour/Anger Management			
Secure and supportive environment			

<b>Staff referrer signature:</b>	<b>Date:</b>
<b>Print name:</b>	<b>Job Title:</b>

## PARENTAL CONSENT FORM

**This section should be completed by whoever has parental responsibility for the child.**

We would be grateful if you could complete the following and confirm your consent to participation in the above programme.

Name of doctor & surgery			
Contact details of practice/health centre			
Does your daughter/son have any medical conditions? Please tick all that apply:			
<input type="checkbox"/>	Allergy (please specify)		
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Colour Blindness
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Recent food poisoning	<input type="checkbox"/>	Recent Injury
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other (please detail):
If ticked, please give details. Please also give details of conditions not listed above of which you think that the college/provider or work placement should be aware:			
I understand that if my son/daughter has a 'Care Plan' for any medical condition, then this will be submitted to the college/training provider and/or work placement			
I confirm that my daughter / son does not have a medical condition which in my opinion could result in any unnecessary risk to his/her health and safety or to the health and safety of any other person. <input type="checkbox"/>			
Should there be any change to my daughter's/son's medical condition whilst on the programme I will notify her/his school immediately.			
Has she/he had a tetanus injection within the last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date (if known):
Does your child use an inhaler		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes inhaler must be provided
If yes type of medication and frequency		Medication:	Frequency:

I consent to the following:
In order that the course/programme provider can best cater for the needs of my daughter/son, I agree that information such as attendance records, learning difficulties and SATs test scores can be passed on from the school. Such information will be securely protected by the off-site provider.
Background checks e.g. YOS, DBS will be undertaken where the course/programme involves a work placement during which my daughter/son may be in contact with children or vulnerable adults. (YOS - Youth Offending Service DBS Disclosure and Barring Service )

The travel arrangements to and from training venue have been fully explained to me by school and I give/do not give my consent to them. (If you do not agree with the travel arrangements, please contact the school to discuss an alternative.)

<input type="checkbox"/>	Bus	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Parent's car	<input type="checkbox"/>	School minibus
<input type="checkbox"/>	Support worker's vehicle	<input type="checkbox"/>	On foot	<input type="checkbox"/>	Train	<input type="checkbox"/>	Other (please specify)

If you do not agree with the travel arrangements please contact the school to discuss.

The break and lunchtime supervision arrangements **must be agreed** on an individual basis with the individual placement provider.

I give permission that photographs of my daughter/son may be used for course/programme promotional purposes and learner identity (no photographs will be displayed on websites or via the internet).

If you do not wish to give permission for photographs please comment below:

I understand that my son/daughter **must refrain from using mobile phones** or Social Networking sites during lesson times at college or while on work placement

I understand the information I have been given about the course/programme and give permission for my daughter/son to be considered for a place.  
 I understand that a place on the course/programme cannot be guaranteed and that the offer of a place may be dependent on the outcome of an interview with the provider.  
 The information you have given on this form will be held by the school. It will be shared with vocational providers/employers in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child's new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.  
 All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission information given to you by the school.

I note the above statement and believe the information provided in this form to be correct as of this date. I will inform the school of any changes that may occur whilst my child attends the school

**Parent's/Carer's Comments:**

**Parent's/Carer's Signature:**

**Print name:**

**Date:**

**Please return this form Broadstones school**