

Provision for 14-16 Year Olds

2022-23 Referral Form

Please give as much detail as possible so that we can support the student appropriately

Young Person's Name:		
Date of Birth:	Age:	
Home Address :		
	Post Code:	
Name of Parent / Carer:	Phone:	
/ curer:	Email:	
Referring School/Agency (If	Phone:	
EHE state EHE)	Email:	
Address:	Post Code:	
Reason for requesting College Provision, (Please summarise the background to this application for college provision).		
Are there courses/areas the young person is interested in?		



Please tick where ap	propriate:					
Is the young person a local authority looked After Child (LAC)						
Do they have an education and Health Care Plan (EHC)						
Are they involved in Team Around the Family interventions (TAF)						
Are they in receipt of free school meals (not applicable for EHE)						
Is English their secor	nd language					
-		Colored and de		: Construendal		
	Formal Assessments Undertaken (please could you email or give paper copies for our records)					
Statement of SEN:						
Education: e.g. PEP	/Ed Psych					
Health /CAMHS / G	P /Other:					
Does the young pers	on have spe	cific support n	eeds? Please be as detailed	d as possible		
Mental Health & W	/ellbeing					
Physical Health/Disability:						
Special Educational Needs:						
•						
Language:						
Other:						
Are there any Child Protection/Safeguarding issues (These will be discussed at the referral meeting)						
(These will be discuss	зеа ас спе геј	errai meetingj				
Agencies Involved currently or previously						
Agency	Contact Na	me	Job Role	Contact details		



Young Person Profile

History of Education, training, and work experience including current academic levels		
Do they have experience of group	work and social environments?	
Who lives at home with them? Wh	nat do they do in their spare time?	
How does the young person look a	fter their mental and physical wellbeing?	
The state of the s	μ., σ.	
How will they travel to college?		
Million and a second and the first section of		
what support needs to be in place to	or the placement to be successful (type of support and why)	
Learning Support:		
Personal Support e.g. Mentoring		
or mental health support		
Behavioural Support:		
Medical Support:		
Personal Care/Equipment:		



Plan for next year and young person's aspirations for the future (please include course choice and medium/long term goals)			
Please add any	additional comments which may be useful when considering your application:		
Signature:			
Print Name:			
Date:			