

Referral Form

Trust Education

Please Note: Incomplete referral forms will not be accepted and subsequently sent back to the referrer for completion.

A copy of each learner's attendance, behaviour safeguarding log should be provided to ensure the best possible if offered to the learner.



TRUST EDUCATION GROUP

Learners Name	
Referrer name and role	
LA and Service details	
Referrer Email	
Referrer telephone number	

Student Details

Name		UPN	
Date of Birth		UCI	
ULN		Gender/M/F/other Please provided details	
Current School Year		Ethnicity	
Previous year's attendance		Other professionals involved.	
National insurance number		Children's social care involvement Y/N	
Does the learner have a disability/on the pathway.		Medical needs	
Dietary requirements/Known Allergies		Current school/ education setting	
Accessibility issues			
Address			
Learners Tel. No	Day		Email
	Evening		

Parent /Carer Details

Parent/Guardian/Carer			
Alternative contact number		Email	
Address		Tel No.	
Emergency contact Name		Emergency contact Name	

SEND Profile

EHCP			
IEP / IBP or equivalent			
Sensory profile			
Does the learner have a specific diagnosis? (e.g., ADHD, ASD, Epilepsy, Dyslexia)			
Does the learner have a Risk Assessment in place?			

Services Involvement

Is the student open to social care?	If yes, please provide contact details		
Name of social worker		Tel. No	
Email		Local authority	
Name of Manager			

Does the student have an EHA, FIN or equivalent?	Yes/No - If yes, please provide contact details		
Known Issues	Support currently provided by setting/provision the young person attends.		

Other Agency Involvement

(tick all that apply and provide details e.g. if the pupil is on an order, bail conditions, tag etc)

	Current	Expired	Contact Name	Email
YOT				
Police				
Targeted Support				
Other				

Does the Young person fall into a vulnerable group?

YES/NO (please tick all that apply)

Looked After	
Traveller	
FSM	
Young Carer	
School refuser	
Young offender	
SEND	
Asylum Seeker	
EAL	
Other – Please Specify	

Reason for Referral

Please provide specific reasons for the referral, providing as much detail as you can.

[illegible]

Reason for Referral

Please provide specific reasons for the referral, providing as much detail as you can.

Transportation Arrangements

please note TRUST are not able to provide transportation.

Transported by Parents/Carers	
Public Transport	
Walking	
Cycling	

Student Profile

Please rate the student's skills in each of the following areas

	Excellent				Poor
Attendance	1	2	3		4
Time Keeping	1	2	3		4
Confidence	1	2	3		4
Interaction with other students	1	2	3		4
Interaction with Teachers	1	2	3		4
General behaviour	1	2	3		4
Attitude to home life and current situation	1	2	3		4
Commitment and Engagement	1	2	3		4

Indications of risk within environment

Please indicate whether any of the following apply to the young person (please tick)

	Never	Occasionally	Regularly
Gives in easily to pressure from others			
Has poor control of temper?			
Challenges authority			
Has caused damage to property			
Verbally abuses peers			
Verbally abuses staff			
Displays aggressive behaviour			
Has caused deliberate injury to peers			
Has caused deliberate injury to staff			
Attempts to manipulate / control others			
Is at risk of self-harm			
Has racist tendencies			
Risk of Arson			
Absconding off site			
Persistent disruption / defiance			
Other / Additional information.			

If you have answered yes to any of the above, please provide as much detail as possible

What are the expectations and priorities of this placement?

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Details of the student's interests and aspirations.

Additional information, ie presenting issues, struggles, difficulties

CONSENT FORM – to attend TRUST

Young Person's Name	
Date of Birth	
Setting: TRUST	
Name of school/current educational setting:	
Contact name/allocated person within Educational setting:	
Telephone:	
Emergency contact – please provide two below	
Name: Address: telephone number:	
Name: Address: telephone number:	

Dates attending the TRUST:

From..... To.....

I know of no medical reason why..... should not participate in any activities provided by TRUST. I therefore agree to their participation.

I consent for..... in my care being transported (where necessary) by relevant staff and to them working offsite when required.

Signed.....

Date.....

Medical Form

Young Person's Name	
Parent/Guardian/Carer Name	
Setting: TRUST	
Address	
Postcode	
Emergency contact: Name: Address: telephone number: Mobile Number	
Doctors name and contact no:	

Any prescribed medication or advice to be followed in an emergency:

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Does the young person suffer from any allergies?

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Does the young person suffer from any allergies?

Asthma or breathing difficulties:

Diabetes:

Epilepsy, fainting or blackouts:

Heart condition:

Sensory loss:

Travel sickness:

Mental health:

If yes to any of the above what medication or treatment is needed?

Please provide as much detail as possible:

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I consent toreceiving any necessary medical treatment for any injury or illness during their attendance at TRUST.

Signed.....

Date.....

Data Protection

Dear Parent/Guardian/Carer,

Under the Data Protection Act it is necessary to obtain your permission and where necessary the permission of the young person attending TRUST. Vital personal information is to be shared with ourselves and other agencies providing learning experiences for the young person i.e. off site visits, educational day trips and access to further career opportunities.

This is necessary so the health and safety of the young person is protected. It will also ensure personal and educational needs are catered for.

The principles of Data Protection state that data must be stored safely, can only be used lawfully and can only be kept for the purpose and time span of their attendance at TRUST.

Information kept on file would be the same as that which is usually kept by a mainstream school such as name and address, emergency contact number, essential medical information, information about assessment of educational abilities and behaviour where this might lead to risk of accident to the student or Learning Provider employees.

In exceptional circumstances, where data is of a sensitive nature, but essential to safeguard the interests of the student, your permission to pass on such data will be sought separately.

I acknowledge that I have read and understood the Data Protection letter.

I hereby give my consent for appropriate and necessary data held at TRUST

Please print names carefully below in block letters and sign this permission slip.

This is to be returned to TRUST: **info@trustededucation.groupp**

Parent/Guarding/Carer name:

Signed.....

Date.....

Student Name:

Signed.....

Date.....

Notification And Permission To Transport Students

This letter is to serve as written notification that..... can be transported on day trips organised by TRUST. All drivers have suitable insurances in place, and the vehicle is fitted with designated seating positions and an occupant crash protection system provided by the manufacturer. For further information regarding these arrangements, a copy of our transportation policy is available upon request.

Please note the following essential conditions for all transportation:

- Under no circumstance will any inappropriate behaviour be tolerated at any point during the period of transportation.
- Seat belts must be worn at all times whilst in the vehicle.
- If required, an escort will be provided to support the young person during the transportation period.
- Transportation services may be withdrawn at short notice if the student does not comply with safety requirements.
- Weather conditions will be monitored and notice of cancellation will be given in extreme circumstances.

Name of Student:

☐ Yes, I received this written notification and understand the terms of being transported by TRUSST/SECA staff and I give my permission by checking this box.

Signed.....

Date.....

Photo Consent – to be completed by Parent/Guardian with PR.

I give consent for images of to be taken, when taking part in TRUST Education/SECA related activities.

Social Media – Y/N

Trust education Website Y/N

Parent/Guarding/Carer name:

Signed.....

Date.....