**Referral Form**

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| **Name of referrer:** …………………………………………………………………............**Position of referrer (if applicable):** ……………………………………………….........**Contact Number/s:** ………………………………………………………………………..**Email address:** …………………………………………………………………………….**Date of referral:** …………………………………………………………………………… |

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| **Name of person being referred:** ………………………………………………………. **Are they aware of this referral? YES / NO****Date of birth:** ……….................................................................................................**Gender:** …………………………………………………………………………………….**Ethnicity:** …………………………………………………………………………………..**Address:**…………………………………………………………………………………….……………………………………………………………………………….......................**Contact number/s:** ………………………………………………………………………**Interpreter required? YES / NO Language:** ……………………………………**School/college and address (if applicable):** ……………………………………….………………………………………………………………………………………………..……………………………………………………………………………………………….. |

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| **Please provide a summary detailing the reasons for the referral and appropriate information pertaining to the prospective student:** ………………………………………………………………………………………………..………………………………………………………………………………………………..………………………………………………………………………………………………..……………………………………………………………………………………………….. |

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| **Do they receive a service from a local authority?: YES / NO** (If yes, please provide details below):**Name of local authority:** ………………………………………………………………...**Type of care order (e.g.: Section 20, Section 31):** ………………………………….**Social Worker’s name:** …………………………………………………………………..**Social Worker’s contact number/s:** …………………………………………………...**Social Worker’s email address:** ……………………………………………………….**Independent Reviewing Officer’s name:** ……………………………………………..**Date of next Review (if applicable):** ……………………………………….................**Foster carer / housing provider name:** ………………………………………………**Address:** ……………………………………………………………………………………………………………………………………………………………………………………..**Contact number/s:** ……………………………………………………………………….**Email address**: …………………………………………………………………………….**Is the referred an ‘Unaccompanied Asylum Seeker’? YES / NO** |

**Please provide details of any other agency involvement or services provided:**

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| **Agency / Service** | **Contact name** | **Contact number/s** | **Email address** |
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| **Does the referred have a special educational needs, disability (SEND), an EHC plan or restricted communication? YES / NO.** (If yes, please provide details below):……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **Please detail any other relevant information you think we should be aware of including any special measures, allergies, religious observances, dietary requirements etc.:**……………………………………………………………………………………………….………………………………………………………………………………………………..………………………………………………………………………………………………..………………………………………………………………………………………………..……………………………………………………………………………………………….. |

**Thank you. Please email completed form to:** **admin@evosgs.com** **or post to Evolve Support and Guidance Service, 434 London Road, Grays, RM20 4BS**