**Referral Form**

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

|  |
| --- |
| **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):** ……………………………………….  ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. |

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

|  |
| --- |
| **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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency / Service** | **Contact name** | **Contact number/s** | **Email address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Does the referred have a special educational needs, disability (SEND), an EHC plan or restricted communication? YES / NO.**  (If yes, please provide details below):  ………………………………………………………………………………………………  ………………………………………………………………………………………………  ………………………………………………………………………………………………  ………………………………………………………………………………………………  ……………………………………………………………………………………………… |

|  |
| --- |
| **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**](mailto:admin@evosgs.com) **or post to Evolve Support and Guidance Service, 434 London Road, Grays, RM20 4BS**