Referral Form 2024-2025

 Date of referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learner number ULN (if school referral) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_

Programme requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred JAMES site:

Keighley  Shipley  Holmewood 

Preferred day/s (Max **3 days** per week): Monday Tuesday Wednesday  Thursday  Friday 

Ideal start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure that **ALL** sections are completed in full.

Referrer’s Name

Title/Position

Organisation and Address:

Telephone

Email

Young person’s Name : DOB: Age:

**(**Identifies as) MALE / FEMALE / NON-BINARY / BI-GENDER

Address:

Telephone number: Mum-07938141185**………….………………………………**

Ethnic Origin Disability/additional needs: YES / NO Please specify­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the young person looked after or in care or have they been? If so please specify

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do they have an Early Help Keyworker, Lead Practitioner or Social Worker? Y/N

Name:

Telephone Email

School Attending Has Funding Been Agreed by referrer?

Finance email address Purchase order number

If funding has been agreed through an alternative route please give details (i.e SEN This must be agreed prior to start date)

If the provision is to be paid for who is the payee?

Is the young person entitled to Free School Meals?

Parent / Carer’s details – Please ensure the **parental consent form** is completed and attached to this submission. **We cannot proceed without it.**

**Reason(s) for referral**: Anger/aggression issues. Struggles with school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Levels - Numeracy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Literacy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate any safeguarding concerns or any other relevant information we need to be aware of**

**Aggression towards parent. ………………………………………………………………………………………………………………………………………….**

**……………………………………………………………………………………………………………........................................**

**………………………………………………………………………………………………………………………………………….**

**Please indicate any positive aspects (interests, hobbies, support, etc)**

Please return the completed form **before** the start date to:

**Email: referrals@jamesuk.org**

**Ethnic origin Guidance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or Asian British** | **Black or black British** | **Other ethnic group** |
| English, Scottish, Welsh, Northern Irish or British | White and black Caribbean | Indian | Caribbean | Arab  |
| Irish | White and black African | Pakistani | African | Any other ethnic group |
| Gypsy or Irish traveller | White and Asian | Bangladeshi | Any other black African or Caribbean background |  |
| Any other white | Any other mixed or multiple ethnic background  | Chinese |  |  |
|  |  | Any other Asian background |  |  |