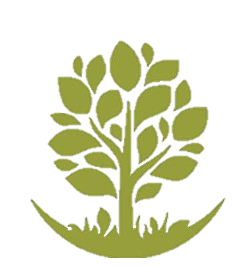
**Referral Form**

New Roots Care & Education

**Please complete ALL sections of the form.** If an item is not relevant then put N/A or NO, etc. Incomplete referral forms may be delayed or not be processed.

**Please send to** [enquiry@nrce.co.uk](mailto:enquiry@nrce.co.uk) **when completed**.

**Young Persons Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | |  | | | | | | | | | **Ethnicity** | | | |  |
| **Date of Birth** | | |  | | | | | | | | | **Gender** | | | |  |
| **First Language** | | |  | | | | | | | | | **NHS No:** | | | |  |
| **Registered Doctors** | | |  | | | | | | | | | | | | | |
| **Top size** | | | 9 – 11yrs | 12-13yrs | | 14-15yrs | Small | | Medium | | Large | X Large | | XX Large | This is for the provision on a free worktop when required | |
|  |  | |  |  | |  | |  |  | |  |
| **Transport** | | | Walk/Bus | | Taxi | | | NRCE Transport | | | | **Contact details for transporter** | | | | Name:  Number:  Account No: |
| **Home Address** | | | | | | | | | | | | | | | | |
| **1: Tel. No.** | Day |  | | | | | | | | **Email** | | |  | | | |
| Evening |  | | | | | | | |
| **2: Tel. No.** | Day |  | | | | | | | | **Email** | | |  | | | |
| Evening |  | | | | | | | |

**Medical Needs** *(please provide details)*

|  |  |
| --- | --- |
| **Medical** |  |
| **Medication required during service hours** |  |
| **Doctors Name / Address / contact Number** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Accessibility Issues** |  |

**Parent / Carer Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent / Carer Name** | |  | | |
| **Tel. No.** |  | | **Email** |  |
| **Parent / Carer Name** | |  | | |
| **Tel No.** |  | | **Email** |  |
| **Emergency Contact** | |  | | |
| **Tel no:** |  | | **Relationship** |  |

**SEND Profile**

**Please provide details of the young person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Need** | |  | |
| **Secondary Need** | |  | |
| **Tertiary Need** | |  | |
| **Does the young person have a specific diagnosis?**  (e.g. ADHD, ASD, Epilepsy, Dyslexia) |  | | |
| **Does the young person have a Risk Assessment in place?** |  | | If yes, please attach |

**Social Profile**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you have a allocated social care?** | |  | If yes, please provide contact details | | |
| **Name** |  | | **Tel. No** |  | |
| **Email** |  | | | | |
|  | | | | |
| **Is there an active professionals involved** | |  | If yes, please provide contact details | | |
| **Name of Lead Professional:** |  | | **Email** |  | |
| **Reason for involvement** |  | | **Duration:**  **End Date:** |  | |
|  | |
| **Name of Lead Professional:** |  | | **Email** |  | |
| **Reason for involvement** |  | | **Duration:**  **End Date:** |  | |
|  | |
| **Name of Lead Professional:** |  | | **Email** |  | |
| **Reason for involvement** |  | | **Duration:**  **End Date:** |  | |
|  | |
| **Name of Lead Professional:** |  | | **Email** |  | |
| **Reason for involvement** |  | | **Duration:**  **End Date:** |  | |
|  | |

**Day Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Required Provison**  (please select) | **Morning session**  9:00am – 12:30pm | | | **Afternoon session**  12:00pm – 3.00pm | | | **Full Day session**  9:00am – 3.00pm | | | **1-2-1**  (half term service unavailable) | | | **Group** | | |
| **Preferred Day(s)**  (please select) | Monday | | | Tuesday | | | Wednesday | | | Thursday | | | Friday | | |
| AM | PM | FULL | AM | PM | FULL | AM | PM | FULL | AM | PM | FULL | AM | PM | FULL |
| **Duration of service** | 1-month | | | 3-months | | | 6-months | | | Long term | | | Other (please state) | | |
|  | | |  | | |  | | |  | | |  | | |

1. **Young person Profile**

**Please rate the student’s skills in each of the following areas**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | | **Poor** | |
| **Attendance** |  |  |  |  |
| **Time Keeping** |  |  |  |  |
| **Confidence** |  |  |  |  |
| **Interaction with other** |  |  |  |  |
| **Interaction with adults** |  |  |  |  |
| **General behaviour** |  |  |  |  |
| **Attitude to home life and current situation** |  |  |  |  |
| **Safety when out of the home** |  |  |  |  |

## Other indications of risk within service environment

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Occasionally** | **Always** |
| 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 |  |  |  |
| Displays sexually inappropriate behaviour |  |  |  |
| Attempts to manipulate / control others |  |  |  |
| Is at risk of self-harm |  |  |  |
| Drugs / alcohol have an impact on behaviour |  |  |  |
| Has brought in or used an offensive weapon |  |  |  |
| Has racist tendencies |  |  |  |

|  |
| --- |
| **Details of the young person’s interests and aspirations.**  **Please also attach a copy of their OWN statement if one is available.** |

**Photo / Video Consent Form**

At New Roots Care & Education from time to time we may be required to take photographs or video as evidence of the individuals work during sessions

New Roots Care & Education will not sell or share images taken of anyone with any third parties or online distributors.

All images will be stored on a secure internal system held within the organisation and will not be made public under this consent form. The material may be stored on an online storage system which is only accessible by staff at New Roots Care & Education and shared on our private social media page.

If any of the images or videos may be used for promotional material outside the provision an additional consent form will be issued including the material we wish to use for permission

Any photography or videos may be displayed within the provision as part of a display, poster or video slide. These displays may be visible to visitors who from time to time may access the provision site.

Please sign as acknowledgment of understanding of photography and video use of the young person

Name of young person

Name of parent / guardian

Signature of parent / guardian

Date

**Closed-Circuit Television (CCTV) system in operation**

New Roots Care & Education endeavours to protect all within our care. The provision has closed-circuit television equipment in all areas (excluding toilets and changing facilties).

The system is managed solely by the directors of New Roots Care & Education and all data is held for 30days.

New Roots Care & Education would hereby give the parents, carer or legal guardian and referrers the understanding of the systems use.

The system is important to help ensure a true account is held and all areas accessible can be monitored at all time for safety.

**Operation on an open public site.**

New Roots Care & Education operates on an open farm park accessed by the general public. The general public are unable to access any New Roots Care & Education buildings and access to areas are restricted. All visitors are given maps of areas they can access.

The site has one point of entry/ exit and all visitors are checked by staff. Visitors are given identification bands to help aid staff identity visitors.

at times the young person will be working within public areas. This includes, café, animal enclosures, footpaths and play equipment. During this time full supervision by New Roots Care & Education staff will be upheld. All areas open to general public are under CCTV coverage.

We require signed agreement that New Roots Care & Education have provided you with the knowledge of CCTV and Open Site arrangements.

**Young person**

Name:

Sign:

Date

**Parent / Carer:**

Name:

Relationship to child:

Sign:

Date: