



# 1:1 Pupil Support Referral Form Emotional Wellbeing / Inclusion

Please download a copy of this form and complete. Return it to us via: [referral@enterprisingyouth.org.uk](mailto:referral@enterprisingyouth.org.uk)

Section 1 - is required if you have a young person you wish to refer to Enterprising Youth.

Section 2 - should be used to identify any support needs that you feel it is important we are aware of to help ensure we support the young person appropriately.

Section 3 - is optional

All information provided is covered by the Data Protection Act 2018 and is strictly confidential.

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## SECTION 1: YOUNG PERSONS DETAILS

Name:

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Preferred name:

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Date of birth:

Age:

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Gender:

Preferred Pro-noun:

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Ethnicity:

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Current home address:

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Postcode:

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Young persons email:

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Parents/carers names & relation to young person:

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Parents/carers phone numbers:

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Parents/carers emails:

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Parents/carers are aware of this referral:

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## EDUCATION

Current school / college:

Academic Year:

Any previous schools:

Attendance	Current Year to Date		Previous Year	
	Days	Occasions	Days	Occasions
Fixed Term Exclusions				
Unauthorised absence				

## REFERRAL AGENCY DETAILS

Reason for referral:

What change / outcome would you want to see from this referral?

Referral agency:

Type of agency:

Name(s) of worker(s):

Role(s) of worker(s):

Address:

Contact number:

Email:

Referrer signature:

Please sign or type your name here to confirm that you understand that the information that you are providing in this form is being collected under the Data Protection Act 1998. It will form part of the young person's file and if the young person requests to see information that Enterprising Youth holds on them, under the Data Protection Act 1998, we would release this information.

Name:

Date:

Please inform us of any support needs the young person has that we need to be aware of. This information helps us to adjust our support as relevant for each young person.

Does the young person have any support needs? Yes No

Does the young person have any of the following support needs?:

Childcare	Yes	No	
Caring responsibilities	Yes	No	
Social care involvement (CIN / CP)	Yes	No	
ESOL support needs	Yes	No	
SEN support needs	Yes	No	
Educational needs/learning difficulties	Yes	No	
If 'yes', please rate level of educational support needs:	Low	Medium	High
Disabilities	Yes	No	
Substance misuse	Yes	No	
In trouble with the police / offending	Yes	No	
Struggles with behaviour	Yes	No	
Any Safeguarding concerns i.e Risk of CCE / CSE	Yes	No	
Looked After Child / Living in Care	Yes	No	

Other support needs not listed - please indicate:

### Support Needs - Detail

Please provide details for all the support needs where you have ticked 'yes' above and add any additional concerns or relevant information:

## Agency Support

Other agencies working with the young person or their family at this time, or previously working with (providing as much as you are aware of as it helps us to plan our support):

What other workers are allocated to working with this young person, that you are aware of (from any agency)?

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## SECTION 3: SPECIFIC ISSUES / TRAUMA / ACES

Has a 'STORY SO FAR' been completed?

What specific challenges / issues, or history of trauma / Adverse Childhood Experiences are you aware of for this young person? *(if you do not wish to expand here please state - "discuss in person")*

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