



**Student Information Form**

To be completed by referring agency.

**Student Details**

Name		Date of Birth	
Gender		Ethnicity	
First language		Nationality	
Current School Year		Religion	

**School Details**

School Name		Address	
Email		Tel. No.	

**Parent / Carer / Responsible Person Information**

Name			
What is their relationship to the student?			
Address			
Tel. No.		Email	

### Emergency Contact Numbers

<b>Alternative Contact 1</b>	<b>Name/Relationship:</b>	<b>Tel. No.</b>
<b>Alternative Contact 2</b>	<b>Name/Relationship:</b>	<b>Tel.No.</b>

### Medical Needs

<b>Medication</b>	
<b>Known Allergies</b>	
<b>Dietary Requirements</b>	
<b>Accessibility Issues</b>	

### 2. SEND Profile

Does the student have additional social/behaviour/learning needs?	If yes, please give details
Does the student have a specific diagnosis or EHCP? (e.g. ADHD, ASD, Epilepsy, Dyslexia)	If yes, please give details
Does the student already have a Risk Assessment in place?	If yes, please attach

Please send a copy of EHCP with referral form.

### 3. Social Profile

4. Is the student/family open to social care?	If yes, please provide contact details
---	--

<b>Social Worker Name</b>		<b>Tel. N°</b>	
<b>Name of other key professionals</b>		<b>Tel. N°.</b>	
<b>Known Issues</b>	<b>Support in place</b>		

**Consent (Please circle)**

<b>Social media permission</b>	<b>YES / NO</b>	<b>Permission to use wider site and trains</b>	<b>YES / NO</b>
--------------------------------	-----------------	--	-----------------

<b>Reason for referral</b>	
<b>Is the young person able to follow safety rules?</b>	
<b>Has the young person previously demonstrated any violent or unsafe behaviours in your setting?</b>	
<b>What measures have you put in place in your setting to reduce the risks?</b>	

Parent/Carers Signature \_\_\_\_\_

Parent/Carers Name \_\_\_\_\_

Date \_\_\_\_\_