



**Cheshire College
South & West**

Provision for 14-16 Year Olds

Referral Form

Please give as much detail as possible so that we can support the student appropriately

Young Persons Name:			
Date of Birth:		Age:	
Address :			
		Post Code:	
Contact Name of Referrer		Phone:	
Relationship/Position		Email:	
Referring School/Agency or Parent/Carer if EHE		Phone/Email:	
Address:		Post Code:	
Parent/Carer contact <i>(if different from above)</i>		Phone:	

Reason for requesting College Provision, (Please summarise the background to this application for college provision).	
Is there a specific course/area the young person is interested in?	



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Please tick where appropriate:

- Is the young person a local authority looked After Child (LAC)
- Do they have an education and Health Care Plan (EHC)
- Are they involved in Team Around the Family interventions (TAF)
- Are they in receipt of free school meals
- Is English their second language

Assessments Undertaken (*copies of all will be required*)

Statement of SEN:	
Education: e.g. PEP/Ed Psych	
Health/Other:	

Specific support needs in relation to:

Health/Disability:	
Special Educational Needs:	
Language:	
Other:	

Are there any Child Protection/Safeguarding issues
(*These will be discussed at the referral meeting*)

Agencies Involved currently or previously

Agency	Contact Name	Job Role	Contact details



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Young Person Profile

<u>Education, training, and work experience including current academic levels</u>
<u>Social and Behavioural Development</u>
<u>Family and Environmental Factors</u>
<u>Physical and Emotional Health Issues</u>
<u>Travel and Transport</u>

What support needs to be in place for the placement to be successful *(type of support and why)*

Learning Support:	
Personal Support e.g. Mentoring:	
Behavioural Support:	
Medical Support:	
Personal Care/Equipment:	



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Plan for next year and young person's aspirations for the future *(please include course choice and medium/long term goals)*

Please add any additional comments which may be useful:

Signature:	
Print Name:	
Date:	