

Creative Inclusion Referral Form

School/Organisation:

Date:

Young Person's Name:

D.O.B:

Gender:

Year Group:

Home Address, including contact number(s):

Who does the young person live with:

Does the young person have siblings?

Does the young person have any medical needs/allergies? If yes, please state:

Does the young person have an EHCP? **Yes** ☐ **No** ☐

Is the young person on a pathway for an assessment? **Yes** ☐ **No** ☐

Contact details in case of emergency.

Contact 1:

Contact 2:

Relationship to the young person:

Relationship to the young person:

Details of the person completing this referral form (please also list any other services or professionals working with the young person):

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Young Person Profile:

Pupil Premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free School Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safeguarding Concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Assessment in Place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CLA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CIN	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EAL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SEN Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional School-based Avoidance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regular fixed term exclusions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At risk of permanent exclusions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
History of being placed in more than 3 schools	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health Concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low self-esteem/confidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Victim of bullying, or has bullied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involved now, or previously with Youth Offending	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that academic performance, exclusions, and behaviour reports, and risk assessments, if applicable, belonging to the young person must accompany this referral form.

***Please indicate the service you wish to refer the child/young person to:**

Choose an item.

Please tell us as much as possible about the reasons for this referral elaborating on any of the above where necessary:

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Contact details of the person responsible for the monitoring of the young person's attendance:

Young person's current school attendance figures:

Participation in Creative Inclusion Services means participation in various outdoor and sporting activities that can involve risk of injury. Although all staff take every reasonable step to avoid injuries, the participants, professionals, and parents/carers voluntarily assume risk of injury.

By checking this box, you confirm agreement of the following:

1. You consent to your child's full participation in all Creative Inclusion's activities.
2. You consent to treatment from medical professionals in the event of an emergency.
3. You accept there is a possibility of risk of injury involved in both outdoor and sporting activities.
4. You have confirmed any medical, allergy, dietary or learning conditions.

To accept please tick this box ☐

I confirm that we wish to enrol the learner into Creative Inclusion Services and that they remain on our main roll - Please note that the young person will appear on Creative Inclusion's registers as a number followed by initials.

Yes ☐

I confirm that we have consulted with parents/carers who have agreed to this referral.

Yes ☐

Signed:

Print Name:

I confirm that I have the budget authorisation to submit this referral.

Signed:

Print Name:

Budget [Choose an item.](#)

If other, please specify:

Privacy Notice: Thank you for completing this form. The data you have provided will enable our staff to collate bookings for young people accessing our services. The data will be retained securely by New Beginnings North and will be deleted after one year. New Beginnings North is committed to ensuring that all data is cared for appropriately and in line with all the relevant legislation.