

Teenage Kicks Referral Form

Please ensure that this form is filled in with as much detail as possible and ensure that all information on the checklist has been attached to the referral. Any incomplete referrals will not be considered.

To be completed by- (colour code		
Parent/Guardian	School/Professionals	Student

STUDENT INFORMATION					
First name		Middle Name/s		Last Name	
Sex		Gender identity		Date of Birth	
Email			Home Tel No		
Mobile no			Religion		
Ethnicity		Nationality		Country of birth	
Address					
UPN			ULN		
Language		Proficiency Basic/ Intermediate/ Fluent		Language spoken at home	
English proficiency (circle one)		New to English (A) Competent (D)	Early acquisition (B) Fluent (E)	Developing competence (C) Not yet assessed (N)	
FSM Y/N		Pupil Premium (Eligible) Y/N		Pupil Premium (Recipient) Y/N	
LAC Y/N		LAC status (if applicable)		Home Local Authority	
Traveller Y/N		Traveller status (if applicable)		Young carer Y/N	
Disadvantaged Y/N		EYPP recipient Y/N		Service child Y/N	
Has Key worker guardian Y/N			Transport method		
HYM's (CAMHS) Y/N/Previously			Student funding Y/N		
Education History				Year Group	
Educational psychologist name and contact					

ATTENDANCE %				
Year 7:	Year 8:	Year 9:	Year 10:	Year 11:

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES	
This section must be completed for all referrals and should be signed by the SENDCo in the case of referrals from schools	
SEND Stage:	No SEND: SEND Support: Referred for Statutory Assessment: EHCP:
Please provide details of the young person's needs within each relevant area:	
Communication and Interaction:	Cognition and Learning:
Social, emotional and mental health difficulties:	Sensory and/or physical needs:
Completed and checked by SENDCo: (Name and date)	

REASON FOR REFERRAL**Within School**

Please give as much detailed information about the positives and negatives of the young person when in the school environment.

Within the Home

Please give as much detailed information about the positives and negatives of the young person when in the home environment. Who do they live with, what are the circumstances, any information about substance misuse/ mental health issues/criminal activity/jail sentences within the family.

Within the Wider Community

Please give as much detailed information about the positives and negatives of the young person outside of the home and school. Are there any gang affiliations, substance misuse or any problems with this young person and others in their community.

Any further Relevant Information**REFERRER DETAILS**

Referring School/Service		Date of referral	
Name of Referrer		Role	
Contact Tel		Email	
Signature		Please indicate whether this referral has parental support	

MEDICAL			
NHS Number		Blood group	
Handedness L/R		Dietary requirements	
Name of doctor		Doctor's number	
Doctor's address			
Allergies Y/N (If Yes, please give details)			
Immunisations (list and dates)			
Medical conditions Y/N (If Yes, please give details, including any medications required)			
Additional needs/ disabilities/ learning difficulties/ mental health concerns Y/N (If Yes, please give details, including any medications required)			
Can medication be self administered? Y/N		Medication currently being taken? Y/N (If yes, give details- number of times per school day, times to be administered)	
Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last 6 weeks that may be contagious or infectious? Y/N (If Yes, please give details)			
If medication cannot be self-administered, or if there are any further concerns about your child's medical condition, please contact Teenage Kicks to discuss in more detail how your child's participation in school activities will be managed.			

GUARDIAN INFORMATION (1)					
Title		First name		Last Name	
Sex		Relationship		Legal guardian Y/N	
Priority contact 1,2,3		Authorised to collect Y/N			
Mobile number		Home number			
Work number		Email			
Address					

GUARDIAN INFORMATION (2)					
Title		First name		Last Name	
Sex		Relationship		Legal guardian Y/N	
Priority contact 1,2,3		Authorised to collect Y/N			
Mobile number		Home number			
Work number		Email			
Address					

PARENTAL CONSENT	
Are there any activities you do not wish your child to take part in? Y/N	

(If yes, give details)			
In the event of any external activities, please answer the following:			
Is your child confident in the water?		Yes/No	
Does your child have any visual impairments?		Yes/No	
If your child able to take part in activities that need good hand/eye co-ordination?		Yes/No	
Does your child have any issues with fine motor skills?		Yes/No	
Does your child have any specific allergies relating to animals?		Yes/No	
I give consent to Teenage Kicks to publish, republish, or otherwise transmit still and moving images, audio of my child for the purposes of:			
Publicity and promotional materials, including advertising material and printed publications		Yes/No	
Presentation and exhibition materials		Yes/No	
Websites, social media channels and digital communication materials including advertising material and printed publications		Yes/No	
News media and their associated websites, social media channels, print publications, television and radio		Yes/No	
I understand that Teenage Kicks reserves the right to store images permanently for the purposes of recording a young person's progress and skills over time. I also understand that still or moving images, audio used for publicity or marketing purposes are in the public domain and could therefore be reproduced, altered, or re-used by anyone in the world, outside of Teenage Kicks' control.		<input type="checkbox"/>	
COUNSELLING			
Teenage Kicks offers an in-house counselling service for students (and parents/guardians should they wish to book a session) where they can talk to someone in private and in confidence. Any information shared will be kept confidential in line with our data protection policy unless any safeguarding issues arise in session that need to be addressed.		<input type="checkbox"/>	
I give consent for my child to attend counselling sessions			
DECLARATION			
Having read the information given, I agree to my child participating in activities at Teenage Kicks if not already specified that we do not wish them to take part. If an opportunity arises that raises questions not answered here, Teenage Kicks will contact the listed parent/carer to discuss and gain consent. I consent that my child is not participating contrary to medical advice.			
I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform Teenage Kicks of any changes to medical status of my child as soon as possible and provide any updated information on any medication needed.			
I am aware of the danger to over exposure to the sun and where an activity is taking place outside of the Teenage Kicks premises, I will provide my child with sun cream and water as appropriate. In the event that my child is without sun cream or water, I give permission for Teenage Kicks to supply these as and when appropriate to maintain an adequate level of protection. I confirm that if I am aware of my child being allergic to specific sun creams, I have listed these above.			
I understand the extent and limitations of the insurance cover provided and understand that if my child requires any specific or additional insurance to take part in any particular activity, I must arrange this myself.			
I acknowledge the need for my child to behave responsibly during all activities and I have expressed this upon them.			
I understand that Teenage Kicks needs to collect and use certain types of information about the individuals they come into contact with in order to carry out their work. I understand that the information I give on this form will be used and stored in line with the Teenage Kicks data protection policy.			
I understand that I can withdraw my consent at any time by contacting Teenage Kicks. By withdrawing consent, I understand that this may prevent my child from taking part in the activities provided by Teenage Kicks.			
SIGNATURE (consent)			
Parent/carer name			
Name of young person			
Relationship to young person			
Signature of parent/carer		Date	

DAILY MORNING PROCEDURES**Daily morning procedures for pupils attending Teenage Kicks**

- A start time will be agreed with parents/carers and this may be the time a pupil is collected from home by the provision transport or the time they are to arrive on site at Teenage Kicks. Pupils are expected to be ready on time for their school day
- Pupils will be welcomed at the door by a member of staff and asked to hand in any possessions not required during their time in the centre, such as phones, bags and coats. Phones are not allowed at any time in the centre
- Screening. As per our Behaviour and Safeguarding policies, all pupils will be screened using a metal detector wand before being allowed into the recreation room
- Once screened, pupils will be provided with their uniform jumper or t-shirt
- Pupils are provided with breakfast each morning and a chance to chat to staff and peers before the start of their first lesson

I have read and understood the routine morning procedures for attendance at Teenage Kicks

SIGNATURES (daily morning procedures)

Parent/carer name

Relationship to young person

Signature of parent/carer

Date

Name of young person

Signature of young person

Date

MOBILE PHONES (special circumstances)

The school has agreed to allow some students to bring their mobile phone into school for appropriate reasons. If your child needs to bring their phone into school, please indicate the reason/s. Here are some common exceptions:

- Travels to and from school alone
- Is a young carer
- Is attending a school trip or residential area where use of mobile phones will be allowed
- Needs the phone for an educational activity during class time
- Attends before or after school where a mobile phone is required for the activity or to contact parents/carers

Other

reason: _____

Pupils who bring a mobile phone into school must abide by the school's policy on the use of mobile phones, and the acceptable use agreement. The school reserves the right to revoke the permission if the pupils do not abide by the policy.

SIGNATURES (mobile phones, special circumstances)

Parent/carer name

Relationship to young person

Signature of parent/carer

Date

Name of young person

Signature of young person

Date

ACCEPTABLE USE AGREEMENT (parents/carers and pupils)	
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Acceptable use of the school's ICT systems and internet: Agreement for parents/carers and pupils

Name of Pupil	
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I will read and follow the rules in the acceptable use agreement policy.

When I use the school's ICT systems (like computers) and get onto the internet in school I will:

- Always use the school's ICT systems and the internet responsibly and for educational purposes only
- Only use them when a teacher is present, or with a teacher's permission
- Keep my username and passwords safe and not share these with others
- Keep my private information safe at all times and not give my name, address or telephone number to anyone without the permission of my teacher or parent/carer
- Tell a teacher (or sensible adult) immediately if I find any material which might upset, distress or harm me or others
- Always log off or shut down a computer when I'm finished working on it.

I will not:

- Access any inappropriate website including: social networking sites, chat rooms and gaming sites unless my teacher has expressly allowed this as part of a learning activity
- Open any attachments in emails, or follow any links in emails, without first checking with a teacher
- Use any inappropriate language when communicating online, including in emails
- Log in to the school's network using someone else's details
- Arrange to meet anyone offline without first consulting with my parent/carer, or without adult supervision

If I bring in a personal mobile phone or other personal electronic device into school:

- I will not use it during lessons, tutor group time, clubs or other activities organised by the school, without a teacher's permission
- I will use it responsibly and will not access any inappropriate websites or other inappropriate material or use inappropriate language when communicating online.

I agree that the school will monitor the websites I visit and there will be consequences if I don't follow the rules

Signed (pupil)		Date	
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Parent/Carers agreement

I agree that my child can use the school's ICT systems and internet when appropriately supervised by a member of school staff. I agree to the conditions set out above for pupils using the school's ICT systems and internet, and for using personal electronic devices in school, and will make sure my child understands these.

Signed (parent/carer)		Date	
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PUPIL CODE OF CONDUCT	
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Pupils will: <ul style="list-style-type: none">○ Attend school regularly, on time and in uniform

<ul style="list-style-type: none"> ○ Put maximum effort into classwork and homework ○ Follow the school's Code of Conduct 			
Signed (parent/carer)		Date	
Signed (pupil)		Date	

In order for your referral to be considered efficiently, please ensure you have attached the following, if applicable.

EVIDENCE	ATTACHED
Risk assessment	
Details of classroom-based strategies and reasonable adjustments made within lessons to support the young person (including any adjustments to the curriculum)	
RAMP/Pupil Profile (one page profile)	
Details of interventions by pastoral staff out of lessons, with evaluation of impact	
EHA and minutes of any relevant meetings, e.g. TAC, CP, review meetings; and most recent plan	
Behaviour log (positive and negative behaviour)	
Information about all other agencies involved, e.g. social care, YOS, Ethnic Diversity team, Visual Impairment team etc...	
Attendance data for current and all previous academic years	
Most recent IEP, IBP, SEND Support Plan, EHCP or PSP	
Evidence of Graduated approach (three cycles at least of APDR)	
PEP (if LAC)	
EP and/or HYMs reports	
Medical information/advice/Latest HCP	
Latest academic/school report and information to show current levels of attainment and targets in all subjects	
Details of examination subjects, exam boards, course codes, completed and outstanding assessments (KS4 only)	
Access Arrangements information	
GP Information	
Other documentation you believe is relevant to this application	