

THE SKILLS HUB – Referral form



Please type and complete this form **in full** before emailing to either **kdonegan@yphub.org** or **pchambers@yphub.org** in order for The Skills Hub to select the most suitable and appropriate placement for the student. Failure to do so will delay the referral process.

Data Protection Act: Information given by you is needed to help The Skills Hub staff support students and maintain records where The Skills Hub is involved. The information is kept in part as computerised database and in part as paper records.

REFERRER DETAILS

Date of Referral:		Referred by:	
Agency:		Job Title:	
Address:			Postcode
Telephone:	Mobile:	Fax:	Email:

YOUNG PERSON DETAILS

LOOKED AFTER CHILDREN - CARE DETAILS

CIN:

Section 20 Accommodated:

Interim Care Order:

Current or Last School Attended:	Start Date:	Finish Date: (As applicable)	
Name:		DOB:	UPN:
Address:			Postcode:
Year Group:	Gender:	Ethnicity:	
Name of Parents/Carers: (
Telephone: Work telephone	Mobile 1:		Email:
Home Language:		Interpreter needed	
Entitled to Free School Meals?			
Dietary needs			
Is the young person on the Child Protection Register?			

SEN Information: Give details if the student is in the undergoing Statutory Assessment or if entitled to any additional support

Code of Practice – please circle as appropriate

Student Behaviour: E N K S **Student Learning:** E N K S

Student Support Plan?

Please detail any additional support/resources the student may require:

E = EHCP N = No SEN K = SEN support S = Statement

LOOKED AFTER CHILDREN - CARE DETAILS

CIN:

Section 20 Accommodated:

Interim Care Order:

Full Court Order:

Foster Care:

Children's Home:

Family & Friends:

Independent Living:

Private Children's Home:

Social Worker Involvement: Give details as applicable to include office contact information:

Date of PEP:

Date of Review:

PLEASE COMPLETE FOR ALL REFERRALS

	Yes/No/Not	Contact Name and Details/Information

	Applicable	
Is an IEP/PSP in place? Date of last Review:		
Is there a provision plan in place? Date of last Review:		
Has the student been referred to or is known to the following agencies:		
Children's Social Care: <i>Please include contact details.</i>		
Education Psychologist: <i>Please include copies of any reports.</i>		
Youth Offending Team: <i>Please include case worker contact details.</i>		
Child & Adolescent Mental Health Service: <i>Please include contact details.</i>		
Police:		
Intensive Family Support:		
Targeted Youth Support Team: <i>Please include contact details.</i>		
Behaviour Support Team: <i>Please include contact details.</i>		
Drug & Alcohol Team:		
Sexual Health Team:		
Has the student been referred to any other agencies relevant to their circumstances?		
Details of any other interventions not listed above <i>(including contact details if counselling involved)</i>		
Has the student been referred to the school nurse or GP?		
Current Attendance: <i>Details of interventions required where attendance is below 85%. Include most recent term's attendance, including any attendance reports e.g. printouts from SIMs, progress reports and reasons for any extended periods of absence.</i>		

Behaviour Information: *Details of any fixed term or permanent exclusions, summary of behaviour log, Care Plan information (LAC only) and important dates e.g. court appearances.*

Education Information: *(please circle the relevant phase)*
Include current and working towards levels/predicted grades and option choice. For KS4 referrals - KS2 results are required to determine expected levels of progress by the end of KS4.

Current Curriculum Arrangements and Support: *Include any option choices, additional support entitled to or receiving e.g. Student Premium. Attendance in alternative provision to include type of placement e.g. vocational/college.*

Family TAF Initiated:

Date Initiated:

Date of Next Meeting:

Name of Lead Practitioner:

Name of Organisation:

Contact Details:

Postcode:

Telephone:

Mobile:

Fax:

Email:

Child's Personal Information: *Include home circumstances, recent bereavement or any other relevant information.*

Any Additional Information: *Include a detailed case study of the young person to include positive attributes, known concerning behaviour with outside parties, impact on peer group, interests and membership to groups or clubs.*

Gang Related Issues: Yes/no

Include known details:

Reason for application: *Include intended outcomes.*

Hours required:
Full time Required

Has the application been discussed with parent(s)? *What are their thoughts?*

RISK ASSESSMENT

Scale:	Description:	0	1	2	3	4	5
0= Unlikely	1. Physical risks the young person has presented to themselves? <i>e.g. Self-Harming, threats of self-harming</i>						
	2. Physical risks the young person has presented towards peers						
	3. Physical risks the young person has presented towards adults especially teachers or carers						
	4. Unpredictable behaviour						
	5. Irrational behaviour						
	6. Persistent defiance						
	7. Refusal to follow instructions						
1= Improbable	8. Concerns regarding the young person absenting themselves from accommodation or school without authority? <i>Including truancy from lessons</i>						
	9. Verbal aggression towards peers						
2= Small possibility	10. Verbal aggression towards adults						
	11. Threatening behaviour towards peers						
	12. Threatening behaviour towards staff						
	13. Has issues around alcohol misuse						
3= Possible	14. Risk issues as a result of drugs or solvent abuse?						
	15. Has damaged property						
	16. Arson						
4= Probable	17. Has been found in possession of an offensive weapon						
	18. Verbal bullying of peers						
5= Certain	19. Physical bullying of peers						
	20. Has exhibited racist behaviour						
	21. Has made unsubstantiated allegations against staff						
	22. Risk issues as a result of any sexually inappropriate behaviour by the young person or others						
	23. Physical intervention required						
	24. Issues around theft						
	25. Any underlying medical conditions? <i>e.g. ADD, Mental Health issues, visual impairment, ADHD, autism, Asperger's Syndrome</i>						
	26. Any Risk issues relating to food or drink?						
	27. Any Child Protection Issues? <i>e.g. Outstanding Investigations</i>						
	28. Other factors which should be taken into consideration? <i>e.g. Other trigger points</i>						
TRIGGER/ISSUE:							
TOTAL SCORE:							

TSH office use only:

Copy of TAF received?		
Home visit		
Professionals meeting		
SNAP Assessment	School	
	Parent	
	Child	
Drama therapy consent signed?		
Baselines		
Start date		
CTF (SIMs)		
Parent agreement signed?		