

# CHOYSEZ

2 Gooch Avenue ~ Barrington Industrial Estate ~ Bedlington ~ NE22 7DQ  
 Tel: 01670 821515 Fax: 01670 825149 Email: admin@choysez.org

## Referral Agent Details

Full Name Of Referral Agent: \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile: \_\_\_\_\_

Will you be attending the initial contact (delete appropriately) **YES** or **NO**

If you are unable to attend, would there be any other workers to attend. If yes, please state their names and contact details: \_\_\_\_\_

## Client Details

Full Name Of Client: \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile: \_\_\_\_\_

Gender: M  F  D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnic Origin: \_\_\_\_\_

Please state any medical conditions you are aware of: \_\_\_\_\_

Is the Young Person in 'looked after care: Yes  No

If Yes, Key Worker Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Do they have any special dietary requirements: Yes  No  . Please give details if Yes: \_\_\_\_\_

Does the young person have any disabilities? If so please provide details and specify any provision that will be required: \_\_\_\_\_

**Education History:**

Education Stats (Delete Appropriately)

Permanently Excluded / Fixed Term Exclusion / Full time Education / Part Time Education

Please provide details of why the young person was excluded or is on a partial timetable:

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What was the name of the last school/project the young person attended: \_\_\_\_\_

Has the young person got a SEN or Risk Assessment? Yes  No  . (if yes then please provide details and if possible could a copy be attached with details) \_\_\_\_\_

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Does the young person have any difficulties with their literacy/ numeracy skills? If yes please provide details Yes  No  \_\_\_\_\_

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At what level is the young person working at? (if known) \_\_\_\_\_

What course is the young person targeted for (if known) \_\_\_\_\_

**Other Relevant Details:**

What other agencies are supporting the young person and what are their names: \_\_\_\_\_

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Please indicate by ticking issues that are relevant to the young person:

YOT  Police Involvement  Drug/Alcohol Issues  Connexions

Has the young person participated in any work experience? If yes please can you provide details of the experience: \_\_\_\_\_

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What current achievements and the awards has the young person already attained: \_\_\_\_\_

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Please use the space below to indicate any emotional, behavioural or social issues that as an agency working with the young person, we should know. Providing as much information as possible shall ensure that we refer the individual to the appropriate course.

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Please sign that you (*the client*) are willing for this information to be entered on Choysez database in accordance with the Company's registration under the Data Protection Act 1984

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign that you (*the referral agent*) are willing for this information to be shared with the client

Referring Office Signature: \_\_\_\_\_ Name: \_\_\_\_\_

I agree to the above referral and related course contribution or fee of £ \_\_\_\_\_

**Authorising Officer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorising Officer's Name:** \_\_\_\_\_

**Company Name and Address :** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO CHOYSEZ**

**FOR CHOYSEZ USE ONLY**

**Pre-programme Contact:**

Initial Contact Date: \_\_\_\_\_ With: \_\_\_\_\_ Attended: Y  N

If no, reason for YP not attending I.C: \_\_\_\_\_

Date of 2<sup>nd</sup> I.C, if needed: \_\_\_\_\_ With: \_\_\_\_\_ Attended: Y  N

Any other contact prior to programme: \_\_\_\_\_

**Programme Details:**

Group: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Length of Programme: \_\_\_\_\_ days over \_\_\_\_\_ weeks.

Award Name \_\_\_\_\_ Moderation Date \_\_\_\_\_

Actual date of Moderation \_\_\_\_\_

Invoice issued on: \_\_\_\_\_ Value: £ \_\_\_\_\_

Payment received on: \_\_\_\_\_

**COMMENTS:**

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