

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:

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) _____

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

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: _____

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: _____

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

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.

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 young person being considered for a place on the personal awareness programme in accordance with the agreed SLA.

Authorising Officer's Signature: _____ **Date:** _____

Authorising Officer's Name: Chris Farley / Cathy Davis (delete as appropriate)

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 2nd I.C, if needed: _____ With: _____ Attended: Y N

Any other contact prior to programme: _____

Date of 3rd 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 number: _____ Amount: £ _____

COMMENTS:

