**GLAM ACADEMY REFERRAL FORM 2023-2024**

##### YOUNG PERSON’S DETAILS

| Name: | Date of birth: | Gender: (M/F) |
| --- | --- | --- |
| Contact address: |
| Parent/carer tel: (home) Parent/carer tel: (mobile)  | Email address: |
| Emergency contact: | Emergency Tel: |

##### SCHOOL / PROVIDER DETAILS

| **Name of School:**   |
| --- |
| **School/ Contact:**  |
| Contact Tel: (school) Contact Tel: (mobile) | Email address: |

#####  MAIN AGENCY DETAILS

|  Name of agency:  | Date of referral: |
| --- | --- |
| Name of Contact: Contact Tel: |

##### REASONS FOR REFERRAL

| Does the pupil have EHCP Y/N (If yes please attach the plan and the referral must be made to Glam Academy in the first instance) |
| --- |
| What are the pupils living arrangements?* LAC
* Lives with Parents
* Lives with Carers
* Lives with Grandparents
* Other (Please Specify)
 |
| Is there any additional information which would be useful for Glam Academy? (i.e. communication difficulties, lack of confidence) |
| Is there any specific areas of focus, referring school or parents/carers would like Glam Academy to focus on? |

##### SUMMARY OF YOUNG PERSON’S DETAILS

| Safeguarding information e.g. Child protection, CAF, LAC :   |
| --- |
| Social and behavioural development: |
| Family and environmental factors:  |
| Any additional information e.g agency involvement such as YOS, Social Care: |

| Initial Needs Assessment-Priorities | High | Medium | Low |
| --- | --- | --- | --- |
|  Improvement in Engagement and attendance |  |  |  |
|  Access to vocational skills and vocational qualifications |  |  |  |
|  Improvement and qualifications in core skills  |  |  |  |
|  Improvement in Social Skills |  |  |  |
|  Improvement in self confidence |  |  |  |
|  Improvement in self esteem |  |  |  |
| Improvement in relationships with peers |  |  |  |
| Improvement in motivation |  |  |  |
|  Improvement in Behaviour/Anger Management |  |  |  |
| Secure and supportive environment |  |  |  |

| Does the young person have any medical conditions? Please tick all that apply: |
| --- |
| ☐ | Allergy (please specify)  |
| ☐ | Asthma | ☐ | Colour Blindness | ☐ | Dermatitis / Eczema  |
| ☐ | Diabetes | ☐ | Epilepsy | ☐ | Hearing Impairment |
| ☐ | Heart Condition | ☐ | Physical Disability | ☐ | Poor eyesight |
| ☐ | Recent food poisoning | ☐ | Recent Injury | ☐ | Rheumatism |
| ☐ | ADHD | ☐ | Other (please detail): |
| If ticked please give details: |
| I understand that if the young person has a ‘Care Plan’ for any medical condition, then this will be submitted toGlam Academy as part of the referral. |
| I confirm that the young person does not have a medical condition which in my opinion could result in any unnecessaryrisk to his/her health and safety or to the health and safety of any other person. ☐  |
| Should there be any change to the young person’s medical condition whilst on the programme I will notify GlamAcademy immediately. |
| Has she/he had a tetanus injection within the last 5 years?  | ☐ Yes ☐ No | Date (if known):  |

**Return address:**

**Natalie Lockett natalielockett@glamacademy.co.uk (07521202409)**