**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 to  Glam 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 unnecessary  risk 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 Glam  Academy 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)**