

PATHWAYS TO PROGRESS Referral Form

YOUNG PERSONS DETAILS

Name:	Date of birth: Age:		
Address: Postcode:	Email address: Gender: M or F		
Contact Number(s):			
Barriers to EET (Please tick as appropriate): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Low attainment but not lacking ability <input type="checkbox"/> Behavioural / psychological problems <input type="checkbox"/> Lacking motivation and having low aspirations <input type="checkbox"/> Access to travel / Ability to travel <input type="checkbox"/> Low Self Esteem and/or confidence <input type="checkbox"/> Inadequate basic and social skills <input type="checkbox"/> Disorganised lifestyle / family instability <input type="checkbox"/> Have been excluded or face exclusion <input type="checkbox"/> Learning Difficulties / Special Educational Needs <i>(please specify)</i> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Young Offender <input type="checkbox"/> Teenage Parent <input type="checkbox"/> Influenced gang culture <input type="checkbox"/> Looked after / In Care <input type="checkbox"/> Substance / alcohol Misuse <input type="checkbox"/> Under Represented groups <input type="checkbox"/> Young Carer <input type="checkbox"/> Other (please specify) </td> </tr> </table>		<input type="checkbox"/> Low attainment but not lacking ability <input type="checkbox"/> Behavioural / psychological problems <input type="checkbox"/> Lacking motivation and having low aspirations <input type="checkbox"/> Access to travel / Ability to travel <input type="checkbox"/> Low Self Esteem and/or confidence <input type="checkbox"/> Inadequate basic and social skills <input type="checkbox"/> Disorganised lifestyle / family instability <input type="checkbox"/> Have been excluded or face exclusion <input type="checkbox"/> Learning Difficulties / Special Educational Needs <i>(please specify)</i>	<input type="checkbox"/> Young Offender <input type="checkbox"/> Teenage Parent <input type="checkbox"/> Influenced gang culture <input type="checkbox"/> Looked after / In Care <input type="checkbox"/> Substance / alcohol Misuse <input type="checkbox"/> Under Represented groups <input type="checkbox"/> Young Carer <input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Low attainment but not lacking ability <input type="checkbox"/> Behavioural / psychological problems <input type="checkbox"/> Lacking motivation and having low aspirations <input type="checkbox"/> Access to travel / Ability to travel <input type="checkbox"/> Low Self Esteem and/or confidence <input type="checkbox"/> Inadequate basic and social skills <input type="checkbox"/> Disorganised lifestyle / family instability <input type="checkbox"/> Have been excluded or face exclusion <input type="checkbox"/> Learning Difficulties / Special Educational Needs <i>(please specify)</i>	<input type="checkbox"/> Young Offender <input type="checkbox"/> Teenage Parent <input type="checkbox"/> Influenced gang culture <input type="checkbox"/> Looked after / In Care <input type="checkbox"/> Substance / alcohol Misuse <input type="checkbox"/> Under Represented groups <input type="checkbox"/> Young Carer <input type="checkbox"/> Other (please specify)		
Medical background information (Please state if the learner is taking any medication):			

Working in partnership with



LEARNERS NEXT OF KIN DETAILS

Name:	Relationship to learner:
Address:	Contact Number(s):
Postcode:	
Any Additional Information:	

REFERRAL DETAILS

Name of referrer:	Organisation Name:
Address:	Email address:
Post code:	Contact Number(s):
Name of school/ alternative provision provider:	% level of attendance:
Any Additional Information:	

Working in partnership with



European Union
European Social Fund
Investing in jobs and skills



Leading learning and skills



TRAINING & DEVELOPMENT
CONSULTANCY LIMITED



REASONS FOR REFERRAL

Where is the young person now? (e.g. Year 10, YOT etc)
What does the young person want long term? Where do they want to be at the end of PTP?
What action does the young person need to undertake to help them get where they want to be?
What is their current achievement level? What is their Literacy and Numeracy level?
Does the young person have any comments on the proposed referral?

REFERRAL APPROVAL

I confirm that the learner named within this referral form would benefit from the alternative provision and support provided in the Pathways to Progress programme.

I confirm that a copy of this referral has been given to the allocated school Connexions worker. Please tick to confirm

Print Name: Signed:

Organisation:..... Position:

Date:

Working in partnership with

