

# **Educational Referral**



Clinks Care Farm placements are suitable for people with a variety of needs and backgrounds such as mental health problems, learning difficulties, brain injuries, autistic spectrum disorders or dementia. An educational referral for 11 - 18 year olds from educational provider will act as part of a student's educational plan.

**Students can be referred to us if they are:**

- 11 -18 years old
- Have a risk assessment
- Have an educational plan in place
- Able to work alongside support staff and follow guidance
- Able to move around the farm safely
- Able to access funding for a placement.
- Keen to work outdoors

**A referral is not appropriate for those:**

- Students with severe mobility problems
- Students who are not allowed to work alongside vulnerable people/young people because of past behaviour/offences committed.
- Students whose challenging behaviour would pose a risk in a farm environment or to other people even with 1:1 support.

<b>Student's details:</b>	
Name:	DoB:
	Age:
Address:	
Telephone number:	
Does the student have a statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student have a child protection plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity Asian: <input type="checkbox"/> Asian-British: <input type="checkbox"/> Black-African: <input type="checkbox"/> Any other Black Background: <input type="checkbox"/> Black-British: <input type="checkbox"/>	
Black-Caribbean: <input type="checkbox"/> Chinese: <input type="checkbox"/> White: <input type="checkbox"/> Any Other White Background: <input type="checkbox"/> Any Other Ethnic Group: <input type="checkbox"/>	
Do not wish to answer: <input type="checkbox"/>	

<b>Referring school / educational provider:</b>
Name:
Address:
Telephone number:
Email address:

Names and position of key educational contact people:
Names of other educational providers:

<b>Contact details:</b>
<b>Who has parental responsibility for the student?</b>
Name:
Address (If different to the student's)
Telephone number:
Email address:
How are they related to the student?
<b>Is the student joint registered with educational providers?</b>
Name of educational providers other than the referrers :
Address:
Telephone number:
<b>Emergency Contact Details:</b>
<b>Person 1:</b> (relationship to the student):
Name:
Address:
Telephone number:
Mobile number:

<b>Person 2:</b> (relationship to the student):
Name:
Address:
Telephone number:
Mobile number:
<b>Student's GP</b>
GP Name:
Address:
Telephone number:
<b>Health and social details :</b>
What medication does the student take?
Will the student need to use medication during the day and do they need support with this?
<b>Does the student have:</b> (If yes, please specify)
A learning disability?
A physical disability?
A mental health problem?
Any other health or social problem/Allergies?

Is the student accessing other health or social services? Please give details:

Why do you feel the student is suitable for Clinks Care Farm and what do you hope they will gain from their participation?

To your knowledge are there any particular barriers you feel the student may face in engaging with the Clinks Care Farm?

How long would you like the placement at Clinks Care Farm to last?

Please note we need a copy of the student's latest educational plan and risk assessment.  
Please tick to confirm documents enclosed:

Educational plan

Risk assessment

Any other comments.

Signature of referrer:

Date:

**Invoice details: Please confirm where invoices are to be sent to:**

Name:
Address:
Postcode:
Telephone number:

For any further information or queries, please contact Helen on 01502 679134  
or e-mail: [iris.vanzon@clinkscarefarm.org](mailto:iris.vanzon@clinkscarefarm.org)

Thank you for completing this form. Please return to:

*Iris Van Zon – Care Farm Manager*

*Clinks Care Farm  
Church Road  
Toft Monks  
Beccles  
NR34 0ET*

<i>For office use only:</i>
<i>Rate charge agreed: £</i> :