**Young Person / Education Referral Form**

**Criteria for referrals**

Year 10 upwards

Able to work in a small group

Able to move around the farm safely

Able to follow instructions and accept guidance from support staff

Keen to work outdoors

No challenging behaviour which poses a risk in a farm environment or to other people

Funding for a placement is available

|  |  |
| --- | --- |
| **Young person’s name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Name and address of referrer** |  |
| **Relationship of referrer to young person** |  |
| **Name of School (if applicable)** |  |
| **Address of School** |  |
| **Key contact name and role at school** |  |
| **Key contact telephone** |  |
| **Key contact email** |  |
| **Brief details of young person’s diagnosis including medical conditions** |  |
| **Medication taken including dose/how many times a day**  **Will the young person carry medication with them** | YES / NO |
| **Does the young person have an EHCP. (if so, please attach to this referral)** | YES / NO |
| **Does the young person have an Individual Learning Plan (if so, please attach to this referral)** | YES / NO |
| **Does the young person have a Behaviour Support Plan? (if so, please attach to this referral)** | YES / NO |
| **Is the young person a child in care?** | YES / NO |
| **Is the young person open to social care services?** | YES / NO |
| **If any other agencies are involved, please list here.** |  |
| **How many sessions/days are you looking for?** |  |

|  |  |
| --- | --- |
| **Contact 1**  **Name of Parent/Carer/Guardian 1** |  |
| **Contact 1 Relationship** |  |
| **Contact 1 Telephone number** |  |
| **Contact 1 Email** |  |
| **Contact 1 Address** |  |
| **Contact 2**  **Name of Parent/Carer/Guardian** |  |
| **Contact 2 Relationship** |  |
| **Contact 2 Telephone number** |  |
| **Contact 2 Email** |  |
| **Contact 2 Address** |  |
| **Ethnicity –** please circle | Asian - Asian British - Black British - Black Caribbean - Black African - Any other black background - Chinese - white British - any other white background - prefer not to say |
| **Funding- who will be paying for this placement?** |  |
| **Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email** |  |

## Risk Questionnaire

This risk questionnaire is used to help us understand the young person’s needs and how best to help them within the placement. The risks will be assessed and reviewed at regular intervals, including after an incident has occurred, to see if risks have become less or more prevalent. Any changes will be communicated to parent, carers and school. Please complete giving as much details as possible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Factor** | **always** | **often** | **Some**  **times** | **rarely** | **never** | **Comments** |
| Risk of absconding |  |  |  |  |  |  |
| Danger to self |  |  |  |  |  |  |
| Evidence of self-harm |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Able to work in a team |  |  |  |  |  |  |
| Ability to work with tools/machinery |  |  |  |  |  |  |
| Ability to follow simple/ complex instructions |  |  |  |  |  |  |
| Requires 1:1 adult supervision |  |  |  |  |  |  |
| Risk of substance abuse (incl alcohol) |  |  |  |  |  |  |
| Risk of aggression towards adults |  |  |  |  |  |  |
| Risk of carrying weapons |  |  |  |  |  |  |
| Risk of bullying other young people |  |  |  |  |  |  |
| Displays inappropriate sexual behaviour |  |  |  |  |  |  |
| Able to make own choices |  |  |  |  |  |  |
| Do they have limited communication |  |  |  |  |  |  |
| Do they have a perception of their own ability |  |  |  |  |  |  |
| Do they understand risk |  |  |  |  |  |  |
| Risk of being bullied or exploited |  |  |  |  |  |  |
| **Any other comments** | | | | | | |
| **More Questions** | **Please give as much detail as possible** | | | | | |
| Any phobias or anxieties? |  | | | | | |
| Any Likes or dislikes |  | | | | | |
| What is their mobility like? |  | | | | | |
| Do they have any behavioural issues |  | | | | | |
| How is their physical health? |  | | | | | |
| What are their likes and dislikes |  | | | | | |
| Do they have any anxieties or phobias |  | | | | | |
| Any other relevant risks not mentioned above |  | | | | | |

## Signatures

We, the named persons below certify that we are authorised to refer the young person named and accept the terms of business as agreed with the referring agency/school.

We confirm that all details are current, correct and that all relevant information has been shared.

We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

|  |  |  |
| --- | --- | --- |
| **Signatory** | **Signature** | **Date** |
| **Parent/Carer/Guardian** |  |  |
| **Young Person** |  |  |
| **School Referrer** |  |  |