



Prince's Trust

Referral Form

FOR REFERRALS FOR THE ACHIEVE PROGRAMME

Please ensure you complete section one for every young person you are referring to The Prince's Trust. Section two is not mandatory but should be used if the young person has any support needs that you feel it is important we are aware of to help ensure we support them appropriately. If the young person is an (ex) offender, please read the [Working with Offenders Policy](#) and ensure that you complete section three.

1 SECTION 1: COMPLETE FOR ALL YOUNG PEOPLE

YOUNG PERSON DETAILS

Name:	Date of birth:	School year:
Unique Learner Number / Scottish Candidate Number:		
Address:		
Postcode:		
Phone number:	Email:	

PARENT/GUARDIAN DETAILS (if appropriate)

Name:	Relationship to YP:
Address:	
Contact number:	Email:
Who has parental responsibility for this YP?	
Is this young person a Looked After Child?	Yes No Don't know

ELIGIBILITY & EDUCATION INFORMATION

Is the young person predicted to get five GCSES/National 5 graded 5-9/A*-C or equivalent (including English and/or Maths)?
If the young person does not have predicted grades, then please tick no if you feel they will be unlikely to achieve these grades due to current performance and/or issues of attendance, behaviour.

Yes No Don't know

What is the young person's current education setting?:
 Educated in a mainstream school Not enrolled with an education provider Educated in the home
 Educated in a PRU Educated in other alternative provision ((please give details below)

Does the young person have free school meal status? Yes No Don't know

Is the young person eligible for Pupil premium funding? (England only) Yes No Don't know

Is the young person at risk of dropping out of school? Yes No Don't know

Is the young person at risk of exclusion from school? Yes No Don't know

What level of progress is the young person currently meeting in education? *Guidance - If you have official progress measures please refer to these or if not please make an assessment based on their current performance*
 Below expected progress Meeting expected progress Exceeding expected progress

What level of progress is the young person currently meeting in English?
 Below expected progress Meeting expected progress Exceeding expected progress

What level of progress is the young person currently meeting in Maths?
 Below expected progress Meeting expected progress Exceeding expected progress

Please list all the young people's estimated GCSEs/ National 5 and other qualifications grades. Please enter estimated grades next to all relevant subjects and list all other qualifications in the 'Other' box.
Guidance - 'Estimated grades' can be the young person's actual predicted grades. If you do not have predicted grades yet or if the young person is not studying these qualifications yet please estimate their future grades based on their current performance if possible.

Maths GCSE/National 5 or equivalent _____ English GCSE/National 5 or equivalent _____

Other – please list all other qualifications the young person is studying and estimated grades

Qualification and Level (e.g. GCSE History, BTEC Level 1 First Award in Hospitality)	Estimated Grade

What is the young person's attendance rate this academic year? Please give a percentage. *Guidance - For those starting Achieve at the start of the academic year and where % attendance is not available yet, please use the overall % attendance from the last school year.*

Please enter the number of negative behaviour incidents listed to the right from the last 4 weeks?
Guidance - If there are holidays in between this time period please deduct the holidays and include the weeks before the holidays in your calculation e.g. 2 weeks before the Easter holiday and 2 weeks after. If the young person is starting Achieve at the beginning of the school year then please use the last 4 weeks of the last academic year.

Detentions or equivalent _____
 Internal exclusions _____
 Fixed term exclusions _____
 Permanent exclusions _____



EDUCATION PROVIDER DETAILS

Education provider name:	
Pastoral Contact:	
Address:	
Contact number:	Email:



REFERRAL AGENCY DETAILS (if different to education provider)

Referral agency name:	Type of agency:
Name(s) of worker(s):	Role(s) of worker(s):
Address:	
Contact number:	Email:
Is this young person engaging with any other support agencies? e.g. CAMHS, Social Care Services	

Please identify each outcome you would like the young person to work towards as part of the Achieve programme

Improved behaviour Increased attendance Improved attainment
 Improved personal and social skills Supported move to a new education provider
 Other

Other information

Is transport provided for this young person? Yes No

Transport details:

Is the young person an (ex) offender? Yes No *If yes, complete section 3*

Does the young person have any other support needs? Yes No *If yes, complete section 2*

Referrer signature: Please sign or type your name here to confirm that you understand that the information that you are providing in both the Mandatory Information and Optional Information sections of this form is being collected under the Data Protection Act 1998. It will form part of the young person's file and if the young person requests to see information that The Prince's Trust holds on them, under the Data Protection Act 1998, we would release this information.

Name:	Date:
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Please complete if the young person has any support needs we need to be aware of. Please provide as much detail as possible as it helps us assess whether the programme is appropriate for their needs and allows us to adjust our support as relevant for each young person.

Which support needs

Not applicable

Does the young person have any of the following support needs?:

Childcare Yes No

Caring responsibilities Yes No

Social care involvement Yes No

ESOL support needs Yes No

SEN support needs Yes No

Educational needs/learning difficulties Yes No

If 'yes', please rate level of educational support needs: Low Medium High

Disabilities Yes No

Substance misuse Yes No

In trouble with the police Yes No

Behaviour Yes No

Other support needs Yes No

Support needs detail

Not applicable

Please use this box to provide details for all the support needs where you have ticked 'yes' above:

If the young person is an offender, please read [Working with Offenders Policy](#) and provide the following details:

Offending background				
Does the young person have any unspent convictions?	Yes	No		
Details of any unspent convictions:				
Date conviction(s) will become spent:				
Were any of the unspent convictions for:				
Serious violence	Arson	Sexual offences	Offences against children	Other
Date of last conviction:				
Length of sentence:				
Number of prison sentences:				
Is there a risk of the young person re-offending?	Yes	No		
If yes, please rate level of risk:	Low	Medium	High	

Custody details		
Young Offender Institution or Prison Name:		
Prisoner number:		
Earliest date of release:		
Contact address on release:		
Is the young person subject to any electronic monitoring requirements?	Yes	No
Is the young person subject to a curfew?	Yes	No