**PROGRAMME REFERRAL FORM – SELF REFERRAL**

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| **STUDENT DETAILS** |
| **Forename:** | **Surname:** | **Date of Birth:** | **Age:** |
| Mobile/Home Number: | Borough of Residence: | **Email:** |
| **NI Number:** |
| **Current Living Address:** | **Gender:*** **Female**
* **Male**
* **Other**
* **Prefer not to say**
 |

**Please tell us a bit about yourself and your circumstances. Give as much information as you can so we can support you.**

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| --- | --- | --- | --- | --- |
| Please Tick Where Applicable |  | Yes/No | Please Tick Where Applicable | Yes/No |
| Are you in employment, education or training at the moment? |  | Have you ever been in trouble with the police? |  |
| Are you in care or have you ever been in care?  |  | Are you a ‘Carer’ for someone else’? |  |
| Do you have parental responsibilities?  |  | Do you have safe and secure housing arrangements? |  |
| Do have someone supporting you or your family like a social worker? If so, please give their name: |  | Do you have a disability or special educational need? If yes, please provide details:  |  |
| Please provide any additional information that might help us to support you  |
| Please tell us why you want to do the programme:  |

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| EDUCATION/QUALIFICATIONS |
| **Please circle the highest English and Maths qualification that you have obtained:****English: GCSE (9-5) GCSE (4-1) Functional Skills Level 2 Functional Skills Level 1 Entry Level****Maths: GCSE (9-5) GCSE (4-1) Functional Skills Level 2 Functional Skills Level 1 Entry Level** |
| **Please detail any other qualifications or relevant courses/work experience you have completed:**  |
| Do you have a CSCS card? Yes/No |

**Risk Assessment – We need to understand your needs so we can help you in the best way we can. Please tick if any of the following could be a factor affecting you in your life:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please Tick Where Applicable |  | Tick | Please Tick Where Applicable | Tick |
| **Are you** subject to a Child Protection Plan or are there any safeguarding issues we should know about?  |  | Self-harming behaviour  |  |
| **Substance misuse issues** |  | Violent or aggressive behaviour  |  |
| **Criminal behavior, convictions, cautions etc including sexual offences** |  | **Significant health/medical issues including allergies, mental health issues** |  |
| Gang involvement |  |  |  |

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| **If you have ticked any of the boxes above, please provide any details that will help us support you and prevent any problems occurring on the programme:**  |
| **Are there any risks or safeguarding issues relevant to you attending this course that we should know about? YES/NO****If yes, please detail here:** **How would you describe the level of these risks (please circle one)? LOW / MEDIUM / HIGH** |

Please give us the contact details of someone who knows you but is not a family member, who would be prepared to talk to us e.g. someone from your school, college, church, youth club etc.

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| **REFEREE DETAILS** |
| **Forename:** | **:Surname:** |
| Mobile/Home Number: | **Email:** |
| **Address:** |

Construction Youth Trust is committed to safeguarding and promoting the welfare of children and young people. If you have any Safeguarding concerns about our work, please raise them immediately with a member of the Construction Youth team or report directly to our Designated Safeguarding Lead via safeguarding@constructionyouth.org.uk

***Form completed by:***

**Print Name: Sign Name:**

**Date:**