



GLAM ACADEMY REFERRAL FORM

YOUNG PERSON'S DETAILS		
Name:	Date of birth:	Gender: (M/F)
Contact address:		
Parent/carer tel: (home)	Email address:	
Parent/carer tel: (mobile)		
Emergency contact:	Emergency Tel:	

SCHOOL / PROVIDER DETAILS		
Name of School:		
School/ Contact:		
Contact Tel: (school)	Email address:	
Contact Tel: (mobile)		

MAIN AGENCY DETAILS	
Name of agency:	Date of referral:
Name of Contact:	
Contact Tel:	

REASONS FOR REFERRAL
Does the pupil have EHCP Y/N (If yes please attach the plan and the referral must be made to Glam Academy in the first instance)
What are the pupils living arrangements? <ul style="list-style-type: none"> • LAC • Lives with Parents • Lives with Carers • Lives with Grandparents • Other (Please Specify)
Is there any additional information which would be useful for Glam Academy? (i.e. communication difficulties, lack of confidence)
Is there any specific areas of focus, referring school or parents/carers would like Glam Academy to focus on?

SUMMARY OF YOUNG PERSON'S DETAILS

Safeguarding information e.g. Child protection, CAF, LAC :

Social and behavioural development:

Family and environmental factors:

Any additional information e.g agency involvement such as YOS, Social Care:

Initial Needs Assessment-Priorities	High	Medium	Low
Improvement in Engagement and attendance			
Access to vocational skills and vocational qualifications			
Improvement and qualifications in core skills			
Improvement in Social Skills			
Improvement in self confidence			
Improvement in self esteem			
Improvement in relationships with peers			
Improvement in motivation			
Improvement in Behaviour/Anger Management			
Secure and supportive environment			

Does the young person have any medical conditions? Please tick all that apply:

<input type="checkbox"/>	Allergy (please specify)				
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>	Dermatitis / Eczema
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Poor eyesight
<input type="checkbox"/>	Recent food poisoning	<input type="checkbox"/>	Recent Injury	<input type="checkbox"/>	Rheumatism
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other (please detail):		

If ticked please give details:

I understand that if the young person has a 'Care Plan' for any medical condition, then this will be submitted to Glam Academy as part of the referral.

I confirm that the young person does not have a medical condition which in my opinion could result in any unnecessary risk to his/her health and safety or to the health and safety of any other person.

Should there be any change to the young person's medical condition whilst on the programme I will notify Glam Academy immediately.

Has she/he had a tetanus injection within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date (if known):
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Return address:

Natalie Lockett natalielockett@glamacademy.co.uk (07521202409)