



SPORTING CHANCES GROUP REFERRAL FORM



Please fill out every field to the best of your knowledge.

* Required

REFERRER'S INFORMATION*

Referrer's Full Name	
Referrer's Role	
Contact Number	
Email	
School / Service	

YOUNG PERSON'S INFORMATION

Full Name*	
Age*	
Date of Birth*	
Address*	
Ethnicity	



YOUNG PERSON'S INFORMATION

Religion	
Gender*	
School Year*	
Current School / Placement / Provision*	
Current Learning Levels	

Does the Young Person fall into any of these categories?

- CLA
 CP
 CiN
 Early Help

Reason for Referral:*

(Please outline in detail why the young person is seeking our support and what they are hoping to gain from the provision i.e., interim return to mainstream, waiting on specialist, alongside another programme.)



Does the Young Person have any SEN / SEMH / Learning Difficulties?*

(Please list any/all identified needs below)

Yes

No

Does the Young Person have an EHCP?

(If yes, please share this with us, as well as completing the referral form in detail.)

Yes

No

Does the Young Person currently have a case worker/social worker?

(Please provide their name and contact details.)

Yes

No

Full Name	
Contact Number	
Email	



Does the Young Person have any allergies or medical conditions we should be aware of?* (Please list any/all identified health needs.)

Yes

No

AREAS OF CONCERN*		PLEASE GIVE DETAILS
Physical or Aggressive Behaviour Towards Peers or Family Members		
Physical or Aggressive Behaviour Towards Staff		
Gang Affiliation		
Substance Misuse (drugs or alcohol)		
Bullying Others		
Being Bullied		
Deliberate Self Harm		



AREAS OF CONCERN*	✓	PLEASE GIVE DETAILS
Inappropriate Sexual Behaviour		
Exhibiting a Fear of Being Alone		
Absconding		
Anti-Social Behaviour		
Risk of Exploitation (sexual, financial, emotional)		

Brief Family History:*

(Please give a brief outline of the Young Person’s current living circumstances, relationships with parents/guardians and any other information relating to their home life, which may be important i.e. traumas, bereavements, or sensitive info etc.)



Please give details of the Young Person's achievements, strengths, interests and hobbies:

Strengths	
Barriers Cognition & Learning Language & Communication Social & Emotional Sensory & Physical	
Targets for EHCP Cognition & Learning Language & Communication Social & Emotional Sensory & Physical	
Interests & Hobbies	
Dislikes	





Any other relevant information:

Empty rectangular box for additional information.

PARENT / GUARDIAN CONTACT DETAILS

Full Name*	
Relationship to Young Person*	
Contact Number*	
Email*	
Address*	

Full Name	
Relationship to Young Person	
Contact Number	
Email	
Address (if different)	



EMERGENCY CONTACT*

Full Name	
Relationship to Young Person	
Contact Number	

DECLARATION*

Any information relating to racial or ethnic origin, physical or mental health and criminal convictions constitutes sensitive data as defined by section 2 of the Data Protection Act 1998. I consent to the information given by me being used, in accordance with the principles of the above-mentioned Data act, for the purpose of processing this application for a placement at Sporting Chances. The above information is true and is accurate to the best of my knowledge.

Referrer's Signature	
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Date (dd/mm/yy)	
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Please send your completed referral form together with any relevant reports to referrals@sportingchances.org.


If you require any further information, please call us on **0779 1262 112**.

KEEP IN TOUCH

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 @sportingchancesuk

 Sporting Chances Ltd.