



Strive IA Referral Form



Young person's details:

Name:	Gender:	Ethnicity:	
Current Educational setting:	D.O.B:	Age:	School Yr.:
SEN:	Medical:		

Parent/Guardian/Carer details:

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:			Home address (if different):		
Does this young person normally live at this address? Yes / No			Does this young person normally live at this address? Yes / No		
Home number:	Mobile number:		Home number:	Mobile number:	
Email address:			Email address:		

Organisation or Parent making the referral:

Organisation name:	
Contact Name:	Position:
Email:	Phone:

Placement preference:

We are open Monday – Friday. How many full or half days are you looking for?		
Does the young person currently have a 1:1 or TA support?		
How will the session be funded?		
EHCP? Yes No	Personal risk assessment? Yes No	Child protection plan? Yes No

Young Persons further information:

Brief history and description of the young person's current situation:
Strengths and interests/hobbies:
Student profile (how they may present, behaviours and any risk factors):

Triggers/Barriers we need to be aware of:
Strategies we can use to best support your young person:
What are you and your child's desired outcomes by attending Strive IA?
Please detail any dietary requirements/food allergies/likes and dislikes:

Consent

Administration of First Aid	Sign:
Administration of medicines	Sign:
Photos taken for social media & promotion	Sign:

DECLARATION:

By completing this form, you have confirmed that the information on this form is correct to the best of your knowledge and understand that the information contained in this form will be kept safe in the young person's personal file.

Name:	Position:
Signature:	Date:

Next Steps:

Please send this completed form by email to info@striveia.co.uk

We will contact you to discuss whether a placement is suitable and whether we have availability. We would then invite the young person and a family member, carer, or support worker for a visit so you can see where we are and what we get up to and discuss the potential placement. If appropriate, a trial session/period will be offered.

If you wish to discuss this referral request or need help filling out the form. Our provision manager, Rachel Hart, will be pleased to assist you. Please call on **07399 108529**.