

JOSBEN INTERNATIONAL COLLEGE UK



Referral Form (please complete in full)

Details of Young Person:

Name:	Gender:	Ethnicity:
DOB:	Age: Yr Group:	Religion: U.P.N No:
Current Home Address:		Main Contact telephone Number:
Parent/Guardians/Carer full names:		

Details of Primary Carer:

Parent/Carer full name(s):	Address: (if different from above)
Home Phone:	
Work Phone:	
Mobile:	
Alternative:	Does Primary carer have Parental Responsibility? Y/N
Emergency Contact Number and full name of contact: (This <u>MUST</u> be a number we can get a reply from)	

Health Needs:

Allergies:	Health or Dietary Needs:
Current Illnesses:	Current Medication:
Childhood Illnesses:	Drug or Alcohol Dependency:

Details of other Professional Involvement i.e. Social Worker, Y.O.S Worker, Other:

Name:	Tel:	Fax:
Email:	Address:	
Is the above-named young person looked after? Y/N * Please circle		

Behaviour & Care Needs:

Perceived risk or vulnerability to or from other young people:

Summary of types of behaviour previously displayed (i.e. violence, absconding, self-harm)

Summary of relationships with other adults and young people:

Identify any special Religious, Cultural, Ethnic or Linguistic needs of the young person:

Identify the learning needs of young person:

Education:

Details of most recent educational placement and contact number (include details of Educational Psychologist if applicable):

Does the young person have a statement of Special Educational Needs/EHC Plan? If yes please specify: -

N.B A full report and a list of previous educational placements will be required. Please include copies of the young person's PEP and statement of SEN/EHC Plan where applicable.

Other Details:

Hobbies and interests of young person:

All other important/relevant information:

Invoice Details:

Invoice Address:

Is the child entitled to free school meals?

Yes No

Tel No:

Contact Name:

Email:

Sessions being requested (MORNING):

SESSION TIME	9.00am to 9.45am	10.00am to 10.45am	11.00 to 11.45
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Information to be enclosed with this form: *Last review report *Any psychological or psychiatric reports *Last school report *Copy of education statement *Any other relevant information.

Sessions being requested (AFTERNOON):

SESSION TIME	9.00am to 9.45am	10.00am to 10.45am	11.00 to 11.45
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Information to be enclosed with this form: *Last review report *Any psychological or psychiatric reports *Last school report *Copy of education statement *Any other relevant information.

I confirm and accept JOSBEN International College Terms & Conditions and pricing information and should the placement be made that a **4 week notice period** applies.

*A risk assessment will need to be completed on all admissions.

*Decisions to accept the placement on behalf of JOSBEN is conditional on the information available upon admission and does not invalidate the risk assessment.

*If additional staff supervision is required due to behaviour/ concerns then additional charges may apply.

JOSBEN will discuss this with you beforehand. If the placing organisation does not agree that additional supervision is required, then a meeting will be held to discuss the matter as soon as possible (within 5 working days.) If there is still no agreement, termination of placement will result within 5 days of the meeting.

*I understand that it is a condition of placement to sign and agree the positive handling policy.

The following MUST be completed in full

Signed _____

Print Name

For and on behalf _____ (Referral Agency/School)

Contact Number _____

Email Address _____

Alternative Contact Number _____ Name _____

Date of Referral _____

N.B It is the responsibility of the referral agency to notify (in writing) the appropriate Social Services, Health Services and Education Department of their intent to place a Looked After Child with JOSBEN International College (Alternative Education Unit).

For office use only

Date referral form received:		Visited JOSBEN on:	
Date consent form received:		Taster day booked for:	
Start Date:		End Date:	
Transport Arrangements:		Taxi Company phone number (if applicable)	
<i>Any other info:</i>			

Reviewed:- September 2024

