



REFERRAL FORM

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

* Required

Which SCG provision are you referring to?*

SC Surrey

SC Outreach

SC Mini

Creative Hair & Lashes

YOUNG PERSON'S INFORMATION

Full Name*			
Preferred Name			
Age*		Date of Birth*	
Address*			
Ethnicity			
Religion			
Gender*			
School Year*			
Current School / Placement / Provision*			
Current Learning Levels			

Does the Young Person have any allergies or medical conditions we should be aware of?*

Please list any/all identified health needs, **inculding** current medication being taken.

Yes

No



Does the Young Person fall into any of these categories?

CLA

CP

CiN

Early Help

FSM

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

Please provide their name and contact details.

Yes

No

Full Name	
Phone	
Email	

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 an EHCP?*

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

Yes

No

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

Please list any/all identified needs below.

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		
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	
Interests & Hobbies	
Dislikes	

Any other relevant information:

1. PARENT / GUARDIAN CONTACT DETAILS*

Full Name	
Relationship to Young Person	
Phone Number	
Email	
Address	



2. PARENT / GUARDIAN CONTACT DETAILS (Optional)

Full Name	
Relationship to Young Person	
Phone Number	
Email	
Address (If different)	

EMERGENCY CONTACT*

Full Name	
Relationship to Young Person	
Phone Number	

REFERRER'S INFORMATION*

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

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		Date	
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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 **07791 262122**.



PLACEMENT FUNDING INFORMATION

David Johnson
Sporting Chances Group

Edge Youth Centre
34 Rowden Road
KT19 9PW

 07791 262122

YOUNG PERSON'S INFORMATION

Full Name*		Date of Birth*	
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How many days per week will your young person be attending?*

Select the preferred days below:*

Monday

Tuesday

Wednesday

Thursday

Friday

What is the expected end date of this placement?*

*Please note, all placements will be subject to a 1 term commitment and every 2 weeks thereafter.

Who will be funding this placement?*

School

Local Authority

Is a Purchase Order required?*

Yes

No

INVOICE RECIPIENT DETAILS*

Full Name	
Email	
Phone Number	

If you have any finance questions regarding the placement information above, please contact finance@sportingchances.org.

