

# WESSEX DANCE ACADEMY

## Referral form

# 01

### SECTION 01 General information

Please complete and return to:

Lorna Digweed, Wessex Dance Academy  
21 St. Paul's Hill, Winchester, Hampshire SO22 5AE  
or email [lorna.digweed@hants.gov.uk](mailto:lorna.digweed@hants.gov.uk)

For further information call 01962 850 127 or 01962 856 721

#### YOUNG PERSON

Name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Current age

Y	Y
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Address

  
  
  

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Mobile number

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Current education, employment or training status

#### PARENT / LEGAL GUARDIAN

Name

Relationship to young person

Address

  
  
  

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Contact phone number

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#### REFERRER

Name

Job title

Organisation

Contact phone number

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Email address

If the young person is under 16 year old they will require permission from their education provider to attend Wessex Dance Academy

#### EDUCATION PROVIDER

Name

Organisation

Job title

Contact phone number

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Email address

#### SOCIAL WORKER (if applicable)

Name

Contact phone number

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Email address

**SECTION 02**

Confidential information to be completed by the referrer

**BRIEF OVERVIEW**

Brief overview of the young person's current situation including family, housing, education, physical and mental health.

**OBJECTIVES**

What are the desired outcomes for this young person on completing the project?

### CONCERNS

Please tick if any of the following apply and give further details:

#### Previous exclusions

#### Looked after/care leaver

#### Offending history

#### CiN plan

#### Drug and alcohol misuse

#### CP plan

#### Parent with drug and alcohol issues

#### Bereavement/trauma

#### Mental health concerns

#### Young parent

#### Special educational needs

#### Self harm/suicidal

#### Young carer

#### Eating disorders

### SIGNIFICANT MEDICAL CONDITIONS

(If yes we will require further information to assess the suitability of the programme for the young person).

#### Significant medical conditions

### CONVICTIONS

These offences will not necessarily exclude the young person but will require extra risk assessments.

#### Arson

#### Sexual offence

#### Serious violence

# WESSEX DANCE ACADEMY

## Referral form

# 02C

### ADDITIONAL AGENCIES

Details of other agencies involved with the young person or family.

Organisation	<input type="text"/>
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Contact phone number	<input type="text"/>
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Email address	<input type="text"/>
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Please give details of any regular appointments, meetings etc.

<input type="text"/>
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Organisation	<input type="text"/>
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Contact phone number	<input type="text"/>
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Email address	<input type="text"/>
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Please give details of any regular appointments, meetings etc.

<input type="text"/>
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Organisation	<input type="text"/>
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Contact phone number	<input type="text"/>
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Email address	<input type="text"/>
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Please give details of any regular appointments, meetings etc.

<input type="text"/>
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Organisation	<input type="text"/>
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Contact phone number	<input type="text"/>
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Email address	<input type="text"/>
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Please give details of any regular appointments, meetings etc.

<input type="text"/>
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Please return completed referral form to:

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*Once the referral has been received we will make arrangements to meet with the young person and complete section 03 of the form.*

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