

WESSEX DANCE ACADEMY

Referral form

01

SECTION 01 General information

Please complete and return to:

Lorna Digweed, Wessex Dance Academy, St John's House
1 The Broadway, Winchester, Hampshire SO23 9BE
or email 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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"/>

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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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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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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