

*All completed referral forms should be sent to* *friendsandnetworks@suffolk.gov.uk*

**DATE OF REFERRAL:**

**FULL NAME OF CYP:**

**BRIEF OUTLINE OF BACKGROUND INFORMATION AND REASON FOR REFERRAL**

*Please include any relevant background information that might help us understand the child/young person’s lived experience and what has led them to disengage in education.*

*Please also include any relevant information about education such as:*

* *what are the barriers to accessing education*
* *how does the CYP present in school*
* *any formal diagnosis’ or assessments that are underway*
* *what tools/resources have already been used*
* *what has interventions/support have been successful and what impact did it have*
* *what you hope to achieve by referring this CYP to Friends and Networks*

**EDUCATION DETAILS**Education placement: Attendance % rate:
Is the child entitled to Free School Meals: Yes [ ]  No [ ]

**PARENT/CARER/GUARDIANS DETAILS**Full name: Relation to child/young person:
Address: Phone number:

**CHILD/YOUNG PERSONS DETAILS**
Full address inc postcode:
DOB & age:
Ethnicity:

**CONSENT**Please confirm you have sought consent for the following –

The parent/carer/guardian is aware you’re making the referral: [ ]
The child/young person is aware you’re making the referral: [ ]
Permission given for photographs/videos to be taken of the child/young person: [ ]
The parent/carer/guardian and child/young person consents to information sharing: [ ]

[ ] **REFERRER’S DETAILS**Name: Job role:
Email address: Phone number:

**ANY OTHER INFORMATION TO SHARE**

*Please share any other relevant information that we should be aware of before working with this CYP and their family. This could include:*

* *Family make up*
* *Religion*
* *Sexuality*
* *Gender*
* *Culture*
* *Recent family events e.g. bereavement, family breakdown*