

Student Referral Form

Referral for Motor Vehicle Construction Catering

Personal Details

School:						
Student Name:				ULN:		
Home Address:	House Name / No:			Home Tel:		
	Street :			Mobile :		
			Town:			
			Post Code:			
Date of Birth:		Age:		Year Group		Ethnic Origin:

Parent / Guardian Details

Parent / Guardian Name:			Home Tel:	
Address: (if different from above)			Mobile:	
Living With: (please tick the appropriate box)				
<input type="checkbox"/> Family	<input type="checkbox"/> Extended Family	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Supported Lodgings	
<input type="checkbox"/> Residential Care	<input type="checkbox"/> Hostel	<input type="checkbox"/> Boarding	<input type="checkbox"/> Friends	

Emergency Contact Details

Name:			Home Tel:	
Address: (if different from above)			Mobile:	

Learning Difficulties / Medical Information

- Dyslexia Visual Impairment Asthma Allergies ASD ADHD SEBD
 Aspergers Hearing Impairment Eczema Dyspraxia Physical Impairment

Details of above / or other:

Is the student:

(Please tick and provide details where applicable)

	YES	NO
CIN/CP Plan	<input type="checkbox"/>	<input type="checkbox"/>
Excluded	<input type="checkbox"/>	<input type="checkbox"/>
At risk of Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
A refuser:	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
A child in Public Care	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse – student	<input type="checkbox"/>	<input type="checkbox"/>

Does the Student have?

	YES	NO
Police / YOT involvement (If yes, please give details)	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Statement of Special Educational Needs? (If yes, please give details)	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Work Experience? (If yes, please give details)	<input type="checkbox"/>	<input type="checkbox"/>

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Prescribed medication?

(If yes, please give details)

YES

NO

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Academic / Pastoral Information

Subjects currently being studied at **KS4**

<u>Subject</u>	<u>Current Level</u>	<u>Predicted Grade</u>

Academic Results

Please provide KS2 & KS3 results for the subjects below.

<u>Key Stage</u>	<u>English Level</u>	<u>Mathematics Level</u>
KS2		
KS3		

Please use this space to explain to why a place on a vocational programme would be appropriate for the young person.

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P.P.E

Shoe / Boot Size:

Overalls Size: S M L

Form completed by: _____ Date: _____

Position: _____ School: _____

Signature: _____

Please note to whom the invoice should be sent to:

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.....
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Photographic Evidence Parental Consent Form

Dear Sir/Madam,

I'm writing to you for permission to take your Son/Daughters photo within Vocational sites when necessary as deemed part of your Son/Daughters course. It is an exam body requirement that all students must provide photographic evidence of them carrying out/completing the unit criteria in the Motor vehicle, Construction and Kitchen environment depending on their chosen course.

Photos will be strictly used for students portfolio of which will be sent to the examining boards at the end of their course. Good quality photos may also be used for marketing and the Pitstop website.

Please can I ask you to read and sign the content box at the bottom of this letter to state whether you DO/DO NOT give permission for you child's photo to be taken and return it to Pitstop.

If you have any questions, please do not hesitate to contact me.

Many Thanks

Deen Pocock

Parent/Guardian,

As a Parent/Legal Guardian of (Students Name)

I DO/DO NOT grant permission for my Sons/Daughters photographs to be used for the purpose of the course being carried out, displays and the Pitstop website.

Parent/Guardians signature: Print:.....

Date

Please return your completed form to:

Slough Pitstop Project
763 Henley Road
Slough
SL1 4JW
01753 551144
Deen@haybrookcollege.slough.sch.uk