

CONFIDENTIAL



# Progress: Building Better Opportunities for Young People in Coventry and Warwickshire

## Referral Form

Referral Organisation Details			
Organisation			
Name		Job Title	
Email address			
Telephone No.			

Young Person Details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Date of Birth	
Forename		Surname	
Phone Number		Email	
Address and Postcode			
Eligibility Checklist (please tick)	<input type="checkbox"/> aged 15-19 years, or up to the age of 25 years for young people leaving care <input type="checkbox"/> legally resident in the UK and able to take paid employment in European Union member states <input type="checkbox"/> from within the Coventry and Warwickshire area <input type="checkbox"/> unemployed or economically inactive <input type="checkbox"/> NEET or at risk of NEET		
Risk of NEET Indicators (please tick all that apply)	<input type="checkbox"/> Poor attendance record <input type="checkbox"/> Low confidence or low self esteem <input type="checkbox"/> English as an additional language <input type="checkbox"/> Attending pupil referral units <input type="checkbox"/> At risk of exclusion <input type="checkbox"/> Young Offender <input type="checkbox"/> Low attainment levels and are making limited educational progress  <input type="checkbox"/> Other(s) please state:	<input type="checkbox"/> Teenage Parent <input type="checkbox"/> At risk of dropping out at the end of year 12 <input type="checkbox"/> In Care / Care Leaver <input type="checkbox"/> Anti-social behaviour <input type="checkbox"/> Special Educational Needs (SEN), high needs, learners with learning disabilities and/or disabilities	

### Involvement with Other Agencies/Programmes

Please briefly outline any current involvement the young person has with any other agencies or programme

### Important information and key risk indicators

Please outline any relevant key information or risk indicators which may help the Progress Coach to work with the young person as effectively as possible

### Declaration

Please sign to confirm that you have the permission of the young person to share the above information, and that is accurate to the best of your knowledge.

Name	
Signature	Date:

### How to Submit This Form

Where possible, please arrange a handover in person of this information to your local Progress delivery organisation.

Where this is not possible, please ensure you send this information *securely* in line with your own data protection, information security and child protection policies.

If you are unsure who your local Progress delivery organisation is, please contact [progress@groundwork.org.uk](mailto:progress@groundwork.org.uk) for further information.