

Referral & Background Information Form

Referrer Information (School, Parent/carer, Local Authority)	
Name: *	
School/ Team / Organisation/ Agency:	
Role / Position / Relationship To The Referred Individual	
Contact Number: *	
Email: *	
Referred Individual's Information	
First Name: *	
Last Name: *	
Age: *	
Date of Birth: *	
Address:	
Medical conditions / needs * Are there any medical conditions / requirements we should be aware of?	
Please state if the individual requires assistance with activities of daily living e.g. toileting, eating, mobility and/or medication?	
Ethnicity:	

New Path Education

📍 24A Angel Hill, Bury St. Edmunds, IP33 1UZ

☎ 07833 850511 ✉ office@newpathed.co.uk

🌐 www.newpatheducation.co.uk

Current Provision:			
Please list any other professionals currently working with the individual:			
Previous Interventions? Has the individual had any other interventions or therapies in the past? If yes, please provide details:			
Parent / Carer of Referred Individual (Emergency Contact)			
Name: *			
Contact Number: *			
Email: *			
Address:			
Provision			
How many hours are required per week? (Minimum 2.5 hours Maximum 15 hours)			
Who will be funding this programme? (School, Local Authority, Parents)			
Is core subject tuition required?			
SEND Profile			
Please provide details of the child/young person's:			
Primary Need			
Secondary Need			
Any Health needs?			
EHCP (Education, Health and Care Plan)	YES / NO If yes please attach	ILP (Individual learning plan)	YES / NO If yes please attach
Does the child/young person have a specific diagnosis? (e.g. ADHD, ASD, Epilepsy, Dyslexia)			

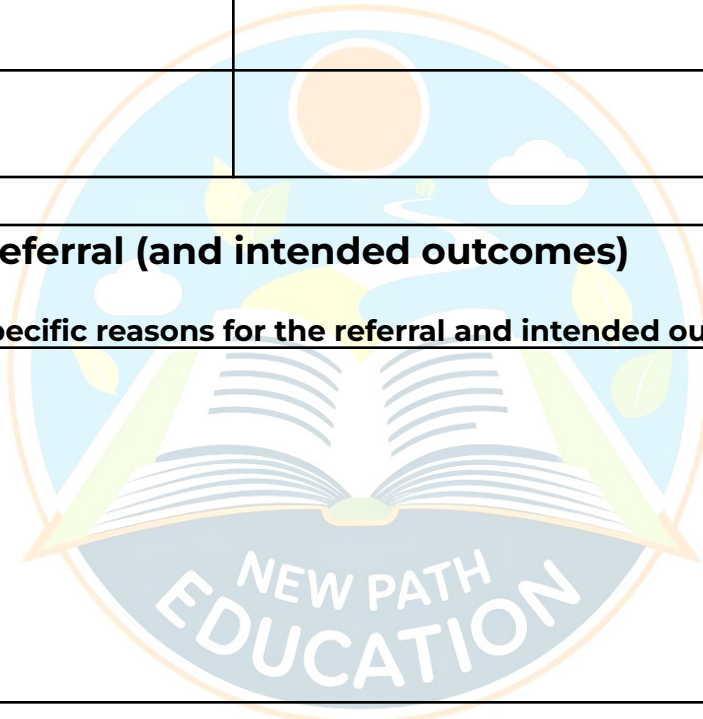
Does the child/young person have a Risk Assessment in place?	YES / NO If yes, please attach
Does the child/young person have any professional reports	YES / NO If yes, please attach

Social, Emotional and Mental Health Profile
Include as much detail as possible

Known SEMH Issues	Support provided by School

Reasons for Referral (and intended outcomes)

Please provide specific reasons for the referral and intended outcomes



Preferred Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday
Full day (up to 3)					
Morning (9.30-12.00)					
Afternoon (12.00-2.30)					

Risk Assessment (please select any of the following if they are relevant to the individual you are referring to us and add as much detail as possible)	
Verbal assault	

Physical assault	
Weapon	
Issues with online activity	
Safeguarding Concerns	
Absconding	
Illegal drugs	
Social concerns	
Self harm	
Suicide attempts	
Other	

Declaration *

I understand that New Path Education cannot account for the entire educational provision for an individual who is under 16.

Consent and Authorisation *

I confirm that I have obtained the necessary consent from the parent/guardian/carer of the individual for this referral. I understand that the information provided will be treated in accordance with the New Path Education Privacy Policy.

Referrer's Signature *

Date *

Thank you for your time completing this referral form.

Please email your completed form and supporting documents to office@newpathed.co.uk

If you have any further questions or need assistance, please contact us:

Email: laura@newpathed.co.uk

Call: 07833 850511

Office use only

Date referral received	
I have contacted the referrer and acknowledged receipt on:	
Name:	Role:
Start date	
End date	
Pupil agreement and commitment to placement (sign and date)	
Parent/carers agreement and commitment to placement (sign and date)	

