Bright Stars Education and Training Ltd



Referral Form for tuition:

Please complete ALL sections of the form. If an item is not relevant then put N/A or NO. Please send to I.martindale@bright-stars-education.com when completed.

1.	Refe	rring	Ager	CV
		J	J -	

Referrer name and agency

Named contact			
Tel. No.	Email		
2. Student Deta	nils		
Name		Date of Birth	
Gender		Ethnicity	
First language		Nationality	
Status (UASC /AS / Ref)		Religion	
Current School Year (office use)			
Contact Address			

Parent / Carer / Responsible Person Information

Contact details (personal phone/email)

Day

Evening

Tel. Nº.

Name	
What is their relationship to the student?	
Address	

Email

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Tel. No.	Email
Medical Nee	eds (please provide details)
Medical	
Medical (2)	
Known Allergies	
Dietary Requiremer	nts
Accessibilit Issues	у

2. Education Profile

Student's prior experience

Previous education (UK or abroad) – including areas of strength/interest

Attendance Information (if relevant)

Previous Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)	Date of last Attendance

3. SEND Profile

Please provide details:

Does the student have additional social/behaviour/learning needs as well as EAL?	YES / NO If yes, please give details
Does the student have a specific diagnosis or EHCP? (e.g. ADHD, ASD, Epilepsy, Dyslexia)	YES/NO
Does the student have a Risk Assessment in place?	YES / NO If yes, please attach

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4. Social Profile

Is the student care?	t/family op	en to soc	ial	YES / NO	If yes, pleas	se provide contact details	
Social Worke Name	r				Tel. Nº		
Name of other	_						\neg
Name of othe key professionals					Tel. Nº.		
	•						<u>-</u>
Known Issue	S		Supp	ort in place			
							_
Other Agency	/ Involvem	nent (tick a	all that	t apply)			
	Current	Expired		Contact Na	ame	Email	
NNRF							
Futures							
CAMHS							
YОТ							
Other (state)							
Current Statu							
Current Statu							
	able groui	ps are app	olicabl	e?			
Which vulner	J				_	Child of acultum acalean/nafirms	
		Unaccom _i	panied	d asylum seel	ker □	Child of asylum seeker/refugee	
Which vulner Looked After Young carer				d asylum seel e parent		College refuser	

	Eligible for Free Meal	ь
Referra	di .	
le specific	reasons for the referral	
-		
		Referral de specific reasons for the referral

6. Checklist - admissions criteria

	Y/N
Is the student an asylum seeker or refugee?	
Has the student arrived in the UK within the last 2 years?	
Has the student accessed education in the UK for less than a year?	
Does the student need support with English in order to access further educational opportunities?	

Date referral form completed:

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