

FORM FOR REFERRAL TO THE GAP PROJECT

Please complete in **BLOCK CAPITALS**



INFORMATION ABOUT REFERRING SCHOOL / AGENCY

School / Agency:

Address:

Worker's Name:

Job Title:

Telephone:

Email:

INFORMATION ABOUT REFERRAL

Name:

Date of Birth:

School year:

Male/Female:

Ethnic Origin:

Address:

Telephone:

Mobile:

The parents/carers **are/are not** aware of this referral (delete as appropriate).

Name of ESW and/or other Social Workers involved:

Is the young person currently attending school?

Yes

No

If no, please say for how long and any known reasons:

Is the young person registered with Connexions

Yes

No

If yes, what is the name of their Personal Adviser?

SEN: Yes/No

Free School Meals: Yes/No

EAL: Yes/No

What are you referring the young person for? (You may tick more than one box)

That Reading Thing

Sports Leaders Award

Develop

Group Work

East Girlz

Mentoring

What would you like to see as a result of the young person being involved with The Gap Project?

Please give a brief history of participation in school - including any exclusions (fixed term and permanent and any reasons given) / college/ training or employment.

Please give details of other recent referrals.

Is there any other relevant information that it would be helpful for us to know?

Signed:

Date:

Please return this form to

The Gap Project, 305 Cambridge Heath Road, London, E2 9LH or Fax to 020 7739 5079
(marked confidential)



LOTTERY FUNDED

For office use only:

Date received:

Date acknowledged:

Date of first appointment: