

## FREE RANGE PROGRAMME Referral – PART A: Personal Details

Learner Name	Date of Birth	Age
Address	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National Insurance No	Emergency Contact	
Telephone Numbers	Email	
Start date on project (first day at provider):		
<b>Are you at School / College?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, what is the name of the school / college :		
<b>Are you:</b> Not in employment, education or training? (NEET) <input type="checkbox"/>		
If NEET for how long: <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-11 months <input type="checkbox"/> 12-23 months <input type="checkbox"/> 24-35 months <input type="checkbox"/> over 36 months		
<b>or are you:</b> At risk of becoming NEET <input type="checkbox"/>		
If risk of NEET, give detailed explanation of factors / barriers which are creating this risk:		
<b>GENERAL BACKGROUND</b> Please tick any boxes that apply to your circumstances.		
<input type="checkbox"/> Lone Parent <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Vulnerable / hard to reach	<input type="checkbox"/> (Ex) Offender <input type="checkbox"/> Migrant worker <input type="checkbox"/> Care Leaver / Child in Care <input type="checkbox"/> Other ease specify if possible _____	
<b>QUALIFICATIONS</b> In this section we are asking for the level of any qualifications that you may hold		
<input type="checkbox"/> I do not have any qualifications <input type="checkbox"/> I have qualifications equivalent to below level 1 <input type="checkbox"/> I have qualifications equivalent to level 1 eg less than 5 GCSE's GCSEs grades D-G, NVQ1 <input type="checkbox"/> I have qualifications equivalent to level 2 eg 5 GCSEs grades A-C, NVQ2 <input type="checkbox"/> I have qualifications equivalent to level 3 eg 2 or more A Level passes, NVQ3 <input type="checkbox"/> I have qualifications equivalent to level 4 eg Degree/HNC/HND, NVQ4		
<b>DISABILITIES</b> Do you consider yourself as having a learning difficulty eg dyslexia? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you consider yourself as having a learning disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you consider yourself as having any physical disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you consider yourself as having any mental health disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>		If you have answered 'yes' to any of the 'Disability' questions please provide brief details below:
<b>CAF</b> Is a Common Assessment Framework in place for this learner Yes <input type="checkbox"/> No <input type="checkbox"/> Has a Common Assessment Framework been offered? Yes <input type="checkbox"/> No <input type="checkbox"/>		If answer is 'no' to either question, please explain why:

**ETHNICITY**

Asian or Asian British – Bangladeshi  
 Asian or Asian British - Pakistani  
 Asian or Asian British –Other Asian background  
 Black or Black British – African  
 Black or Black British – Caribbean  
 Black or Black British – Any other background  
 Chinese  
 Mixed – White and Asian

Asian or Asian British – Indian  
 Mixed – White and Black African  
 Mixed – White and Black Caribbean  
 Mixed – Any other mixed background  
 White – British  
 White – Irish  
 White – Other White background  
 Any Other  
 Not Known / Not Provided

**INFORMATION ADVICE & GUIDANCE (IAG)**

Name of MATRIX accredited organisation delivering IAG:.....

Date of IAG session:..... If not yet delivered, then when planned:.....

What areas of IAG have been covered? Please tick all that apply and add additional comments if required.

Leisure Activities	<input type="checkbox"/>	Education & Learning	<input type="checkbox"/>
Careers	<input type="checkbox"/>	Health	<input type="checkbox"/>
Personal Social Development	<input type="checkbox"/>	Other(s)	<input type="checkbox"/> Please specify.....

**LANGUAGE , LITERACY, NUMERACY, ESOL & KEY SKILLS**

Attach the results of the basic skills assessment to this document – this must be signed by the learner.

**Or**

Basic Skills / Skills 4 Life assessment declined

Learner Signature \_\_\_\_\_

**SOFT OUTCOMES ASSESSMENT** must be attached (tick box)

I confirm that the information given above is correct to the best of my knowledge. I acknowledge that this programme is part funded by the European Social Fund and / or the Learning and Skills Council and that my information will be shared with relevant providers in the interest of my progression on this programme.

Learner signature	Name (print)	DATE
Key Worker signature	Name (print)	DATE

**Data Protection Statement 2008/09**

Data Protection Act 1998 – The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998 along with Cornwall County Council. The information you provide will be shared with other organisations for the purpose of administration, careers, and other guidance and statistical and research purposes. Other organisations with which we will share information include the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners, and other training providers who have an interest in your learning and well being whilst on Freestyle. The LSC also administers the learner registration services which will use your information to create and maintain a unique learner number. The LSC is also a co-financing organisations and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do may be found at [www.lsc.gov.uk/providers/data/help](http://www.lsc.gov.uk/providers/data/help) and by following the links to data protection. At no time will your personal information be passed to organisations for marketing or sales purposes.

**EARLY LEAVERS**

Last day of attendance & Reason for leaving:

Key Worker Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**Reasons for Referral:**

**Known risks attached too the young person:**

**Person referring (name, email and phone):**

**Organisation referring:**

**Other:**

Creative Expression  
A Clinic for Cornwall  
Pleyber Christ Way  
Lost Lostwithiel  
PL22 0HHA  
Tel: Tel 01208 871168  
Email: [info@creativeexpression.org.uk](mailto:info@creativeexpression.org.uk)  
www: [creativeexpression.org.uk](http://creativeexpression.org.uk)

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