**LifeSteps Interventions Referral Form**

**Request for Support: Group Wellbeing Interventions Programme**

Ensure **all** sections are completed and email completed forms to **info@lifestepscic.co.uk**

Please ensure that the parental consent forms have been sent and received. The Pastoral team have carefully selected students to ensure they are able to collaborate effectively and that there are no conflicts during the sessions. The maximum group size is eight students. To facilitate open discussion of sensitive topics, groups should be organised by gender. Students should be scheduled collectively, and an appropriate room should be reserved for the sessions. To add additional students to the referral form, please copy and paste the relevant sections from Section 2.

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| **Section 1** | **Referrer Contact Details**  |
| School Name: |  |
| Name of referrer: |  |
| Title/Profession: |  | Referrer Email: |  |
| Telephone & ext.: |  | DSL contact details: |  |
| Intervention Topics: |  | Date of Parental Consent Letter sent: |  |

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| **Section 2: young person 1** | **Young Person’s Details** |
| Name: |  | Date of Birth: |  |
| Preferred Name/Known as: |  | Pronouns: |  |
| Please insert any need-to-know information. i.e. recent bereavement, SEN need, Pupil Premium, behaviour report etc  |  | Gender: | [ ] Male [ ]  Female [ ]  Other |
| SEN need: | [ ]  Yes [ ]  No |
| Year group: |  | Religion: |  |
| HOY/PM: |  | Ethnicity  |  |

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| **Section 2: young person 2** | **Young Person’s Details** |
| Name: |  | Date of Birth: |  |
| Preferred Name/Known as: |  | Pronouns: |  |
| Please insert any need-to-know information. i.e. Safeguarding, triggers, recent bereavement, SEN need, Pupil Premium, behaviour report etc |  | Gender: | [ ] Male [ ]  Female [ ]  Other |
| SEN need: | [ ]  Yes [ ]  No |
| Year group: |  | Religion: |  |
| HOY/PM: |  | Ethnicity: |  |

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| **Section 2: young person 3** | **Young Person’s Details** |
| Name: |  | Date of Birth: |  |
| Preferred Name/Known as: |  | Pronouns: |  |
| Please insert any need-to-know information. i.e. Safeguarding, triggers, recent bereavement, SEN need, Pupil Premium, behaviour report etc  |  | Gender: | [ ] Male [ ]  Female [ ]  Other |
| SEN need: | [ ]  Yes [ ]  No |
| Year group: |  | Religion: |  |
| HOY/PM: |  | Ethnicity: |  |

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| **Section 2: young person 4** | **Young Person’s Details** |
| Name: |  | Date of Birth: |  |
| Preferred Name/Known as: |  | Pronouns: |  |
| Please insert any need-to-know information. i.e. Safeguarding, triggers, recent bereavement, SEN need, Pupil Premium, behaviour report etc  |  | Gender: | [ ] Male [ ]  Female [ ]  Other |
| SEN need: | [ ]  Yes [ ]  No |
| Year group: |  | Religion: |  |
| HOY/PM: |  | Ethnicity: |  |

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| **Section 2: young person 5** | **Young Person’s Details** |
| Name: |  | Date of Birth: |  |
| Preferred Name/Known as: |  | Pronouns: |  |
| Please insert any need-to-know information. i.e. Safeguarding, triggers, recent bereavement, SEN need, Pupil Premium, behaviour report etc  |  | Gender: | [ ] Male [ ]  Female [ ]  Other |
| SEN need: | [ ]  Yes [ ]  No |
| Year group: |  | Religion: |  |
| HOY/PM: |  | Ethnicity: |  |

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| **Section 3** | **Please inform us of current agencies involved with any of the young people in this referral. Please write N/A if this is not applicable. Adds rows if needed.** |
| **Young person**  |  | **Agencies**  |  |
| **Young person** |  | **Agencies** |  |
| **Young person** |  | **Agencies** |  |
| **Young person** |  | **Agencies** |  |
| **Young person** |  | **Agencies** |  |

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| **Section 4** | **Consent** |
| By submitting this form, I confirm that all information provided above is accurate and to the best of my knowledge. I acknowledge and consent to LifeSteps collecting and processing the personal information of my school and its participating students for administrative purposes. I recognise that such information will be stored and handled in accordance with GDPR regulations. I agree that any safeguarding concerns will be reported to the appropriate authorities, and I have provided the current Designated Safeguarding Lead (DSL) for the school. I understand that LifeSteps reserves the right to refuse services to any individual who exhibits conduct considered inappropriate or harmful. |
| Signed: |  | Date: |  |
| Print Name: |  |

*Thank you for submitting this referral form. We aim to respond within 14 working days of receipt to confirm whether the young person has been accepted on to the programme. If you do not receive an update within this period, please contact us using the email address provided above.*