

LCET REFERRAL FORM



The Luton Churches Education Trust, 3a Upper George Street, Luton, LU1 2QX

Please fill out this form and return it to us as soon as possible. The young person should complete the shaded areas of this form. The parent or guardian should also sign this form to show their consent. Please let us know if there is any other information we should be aware of. Once we have received this form, we will contact the referrer and the young person to confirm we are able to offer a place. If you have any questions, please contact us.

Please indicate who is making the referral.

School Parent Agency Self referral Other

■ Name of referrer Referring organisation (if applicable) ■ Date of referral
■ Name of young person ■ Date of birth ■ Male / female
■ School ■ Year / tutor group

Please indicate the young person's ethnicity for monitoring and reporting requirements.

White British White Irish Other White background White and Black Caribbean White Unknown
 Black African Black Caribbean White and Black African Other Black Background White and Asian
 Other Mixed Background Other Asian Background Indian Pakistani Bangladeshi
 Chinese Other Not Given

■ Home address ■ Postcode ■ Home telephone
■ Parent's mobile ■ Young person's mobile ■ Young person's email

What group programme is being suggested for the young person?

ADHD Anger management Being in care Family life Self harm
 Self worth Self worth and relationships

Is there any information we should be aware of including behaviour and literacy issues or medical information (including allergies and asthma)?

If yes, please give brief details

Are there any supporting agencies helping? e.g. social services, CAMH, doctor, Connexions.

If yes, please give brief details

What do you want to get from being part of this group?

Tell us why you want to join the group and how you would like to change

I would like to attend this group.

I have read the Code of Behaviour and agree to follow it.

I give permission for you to contact other supporting agencies about this referral.

■ Signed ■ Name ■ Date

I am the parent / guardian responsible for the young person named on this form.

I give my consent for them to take part in this group.

I give permission for you to contact other supporting agencies about this referral.

■ Signed ■ Name ■ Date