**Manchester Transition Referral Form:**

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| **YOUNG PERSON’S NAME:** | **LAST SCHOOL ATTENDED:** |
| **DOB:** | **COURSE/PROGRAMME APPLIED FOR:** |
| **NAME OF PERSON COMPLETING FORM:**  **POSITION IN SCHOOL:**  **CONTACT DETAILS:**  **DATE FORM COMPLETED:** | **NAME OF INTENDED RECIPIENT (e.g. College and staff name):**  **OTHER STAFF INVOLVED IN COMPLETING THIS FORM:** |

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| **Risk of NEET Characteristics** | **Please tick:** | **Other reasons for transition support** | **Please tick:** | **Other partner agencies working with young person:** | **Please tick:** |
| **Poor attendance** |  | **Domestic Circumstances** |  | **Children’s Social Care** |  |
| **LAC/Care leaver** |  | **EAL** |  | **CAMHS** |  |
| **Child Protection / Child in Need** |  | **Medical** |  | **Mental Health Services** |  |
| **SEND EHCP** |  | **Behaviour/Attitude/Motivation** |  | **Youth Offending Team** |  |
| **SEN Support (no EHCP)** |  | **Young carer** |  | **Housing Provider** |  |
| **Excluded from school (Fixed Term/Permanent)** |  | **CAMHS / Mental Health** |  | **Voluntary Sector Youth Organisation** |  |
| **Educated off site Alternative Provision / PRU** |  | **Low confidence / self esteem** |  | **Others:** |  |
| **Known to the Youth Offending Team** |  | **School Refuser** |  |  |  |
| **Home Educated** |  | **CME** |  |  |  |
| **Parent / pregnant** |  | **Substance Use** |  |  |  |

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| **Please use this box to outline any other reasons why this young person needs transition support and the key information you feel needs passing on to help best support this young person, including any safeguarding, behavioural or motivational concerns. Please include names/contact details of other agencies where relevant:** |

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| **YOUNG PERSON’S CONSENT TO SHARE GAINED: YES/NO (please circle)** | **IF YES, YOUNG PERSON’S SIGNATURE:**  **DATE OF CONSENT:** |