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**Auto Skills – Student Referral Form**

**This information will be stored securely and not shared with any third party except where required by law, or to enable registration with City and Guilds as the awarding body for qualifications.**

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| --- | --- | --- | --- |
| **Students Name** |  | **Date of Birth** |  |
| **School/College** |  | **Year Group** |  |
| **Tutors Name** |  | **Tutors Tel**. |  |
| **Proposed Start Date** |  | **Tutors email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent or Carer** |  | **ICE Tel** |  |
| **Home Address** |  |  | |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has the student expressed an interest in car mechanics?** | | **Yes** |  | **No** |  |
| **Comments** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has the student any relevant experience?** | | **Yes** |  | **No** |  |
| **Comments** |  | | | | |

|  |  |
| --- | --- |
| **Other interests and hobbies** |  |

|  |  |
| --- | --- |
| **What concerns does the student have about being involved with Auto Skills?** |  |

|  |  |
| --- | --- |
| **What can Auto Skills do to help with the students concerns?** |  |

|  |  |
| --- | --- |
| **Any other comments** |  |

Continues over

**Students Conduct and Behaviour**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Referral organisation** |  |

**Please provide as much information about the student as possible, this will be kept confidential.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Details** |
| Does the student have a statement? If so what for? |  |  |  |
| Does the student have a SA, SA+ plan or any other support? If so what for? |  |  |  |
| Are there any safeguarding issues? |  |  |  |
| Please give their percentage attendance for the last academic year |  |  |  |
| Does the student have any mental health problems? |  |  |  |
| Does the student exhibit an adverse reaction to authority? |  |  |  |
| Does the student have any problems when relating to their peer group? |  |  |  |
| Are there any difficult home circumstances? |  |  |  |
| Is the student involved with substance abuse? |  |  |  |
| Has the student ever exhibited aggressive behaviour towards another? |  |  |  |
| Has the student been involved in anti-social behaviour e.g. theft? |  |  |  |
| Does the student have a tendency towards verbal abuse? |  |  |  |
| Has the student had any fixed term exclusions? |  |  |  |
| Has the student been permanently excluded from another school? |  |  |  |
| Does the student have a history of truancy or running away? |  |  |  |
| What are the student’s strengths? |  |  |  |
| Are you aware of any other risk factor? |  |  |  |
| Has there ever been any other agency involvement? Social Services, YOS, Connexions, EWO etc... |  |  |  |
| Any other information |  |  |  |

Once competed please return to:

**Angus Vinicombe, Managing Director** **Email** [**autoskillsreading@gmail.com**](mailto:autoskillsreading@gmail.com)

Auto Skills (Reading) CIC  **Telephone 0118 984 1539, 07771 621465**

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