**Small Group Programme**

**Referral Form**

**Student Support Services**

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| **SCHOOL NAME:** | | |
| **Which programme are you requesting?** | | |
| **Emotional Outbursts**  **Protective Behaviours**  **Friendships** | **Building Resilience**  **Bullying**  **Anxiety** | **Raising Self Esteem**  **Other (Please specify)**  Click or tap here to enter text. |

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| Child/Young Person’s Name | Date of Birth | Year Group/Class |
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| **School Details** | |
| School Name: | School Contact (Referrers) Name: |
| Contact Email: | Contact Phone Number: |

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| **What is the need for the students?** | | |
| ADHD/ ASD/ SEND  Attendance  Domestic Abuse  Educational Needs  Mental Health/ Emotional Wellbeing  Family Relationships | Finance  Parenting  Health/Medical- Child  Health/ Medical- Parent  Housing  Safeguarding  Risk of Exclusion | Worklessness  Substance Misuse- Child  Substance Misuse- Parent  School Transition  Young Carer  Unknown/Other |

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| **Primary Need:** |
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| **Secondary Need:** |
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| **Reason for referral** | |
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**Please make sure parents/carers complete the below consent form.**

**We can only start group work once all consent forms have been received.**

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| Send completed form to: [**referrals@vistastalbans.org.uk**](mailto:referrals@vistastalbans.org.uk)  **The form must be completed in a Word Document- Only the signed consent page is to be scanned separately.**  **For help and assistance filling out this form please call: 01727 519128** |

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| **Parent/ Carer Consent** |

Vista St Albans have received a referral form for your child to participate in group work. We require parent/ carer consent for us to be able to work with your child.

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| Child/Young Person’s Name | School | Date of Birth | Year Group/Class |
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| Reason for referral- to be completed by child’s school |
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**Your child should be aware of the request for a service and be asked for their consent.**

* I agree to the request and give consent for group work Yes  No
* I agree for Vista St Albans to work with my child Yes  No
* I understand I can withdraw consent at any time Yes  No
* I understand that Vista staff follow Hertfordshire Safeguarding procedures and should a

disclosure be made it will be passed to the relevant Designated Safeguarding Lead. Yes  No

**VISTA staff reserve the right to withdraw from the service/ end the session should inappropriate behaviour be displayed.**

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| Name of person making the group work request (Teacher) |  |
| Parent/ Carer Name |  |
| Parent/ Carer Signature | Date: |

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| Please return this completed form to your child’s school. |

All Vista St Albans staff are DBS checked and attend regular safeguarding training as well as their relevant qualifications.

Vista is GDPR compliant. Our ICO registration number is ZA354653.

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