**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****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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