Green Corridor Referral Form

Young Person’s (YP) Details

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| Name: | Date of birth (+age): | Date of Initial Visit: |
| Address:  Postcode: | | |
| Contact number (learner or parent/carer): | | |
| Local Authority:  Local Authority Contact Name & Details: | | |
| How do you know about Green Corridor: | | |

Referrer Details

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| Your Name: | | Relationship to YP: |
| Referral Agency/Organisation: | | Known YP since: |
| Phone (mobile): | Email address: | |

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| * **What does the young person do now? (Training, Employment, Volunteering)** | * **Are you looking at other education providers? Please specify:** |
| * **SEND diagnosis** | * **EHCP: Yes/No** * **Independent Traveller: Yes/No** |
| * **What additional support do they need?** * **Please include additional therapies they need (SALT, OT etc.)** | |
| * **Highest qualification achieved to date?** * **Previous School or College?** | |
| * **Is the young person on probation?** | * **Are you involved in social services?** |
| * **Would you like to come for a taster?** | * **What is the preferred start date?** |

**Please tick the programme the young person is interested in:**

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| * **Practical Horticulture Qualification** * **Practical Catering Qualification** | *Both qualifications include Functional Skills English, Maths & ICT*  **When completed, please return via email to** [**admissions@greencorridor.org.uk**](mailto:admissions@greencorridor.org.uk)  Alternatively, please post to:  Green Corridor, Main Road Nurseries, Stanwell Moor Road, Hillingdon, TW19 6BS |