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:**
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| * **SEND diagnosis**
 | * **EHCP: Yes/No**
* **Independent Traveller: Yes/No**
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| * **What additional support do they need?**
* **Please include additional therapies they need (SALT, OT etc.)**
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| * **Highest qualification achieved to date?**
* **Previous School or College?**
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| * **Is the young person on probation?**
 | * **Are you involved in social services?**
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| * **Would you like to come for a taster?**
 | * **What is the preferred start date?**
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**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**Alternatively, please post to:Green Corridor, Main Road Nurseries, Stanwell Moor Road, Hillingdon, TW19 6BS |