

# DOWNHAM COTTAGE CARE FARM

## Pre 16 Care Farm Referral Form

### Referring organisations details

Please complete all sections of this form

School:	Date Form completed	Date received (office use only)
Contact name for invoice:	Contact Number of referrer:	
Name of referrer:	Email Address:	
Address of referrer:	Position:	
Name of Key School Contact:	Tel. No:	
	Email:	

### Learner Details

Name of student:	Gender M / F	Date of birth:
Student UPN	Year group:	
Name of Parent/Guardian:	Ethnic Origin of Child	
Address of Family	Preferred Language	
	Disclosed disability Yes / No	
Home No:	Religion:	
Work No:	Mobile No:	
Emergency contact number/s:	Relationship to student:	
Does this learner have a CAF?		

## Medical & Mental Health Information

Doctor's Name: ..... Tel No: .....

Address: .....

Has this young person been diagnosed or is affected by any of the following (please circle all that apply)

- |                            |                                 |                     |
|----------------------------|---------------------------------|---------------------|
| Hearing impairment         | Visual impairment               | Physical difficulty |
| ADD/ADHD                   | OCD                             | ODD                 |
| Learning difficulty        | (mild    moderate    severe)    |                     |
| Autistic spectrum disorder | Downs Syndrome                  | Epilepsy            |
| Asthma                     | Social and Emotional Difficulty |                     |
| Anxiety                    | Depression                      | Trauma/abuse        |
| Eating disorder            | Grief or loss                   | Bipolar disorder    |
| Stress                     | Addiction                       | XYY Syndrome        |
| Dyslexia                   | Dyspraxia                       | Dyscalculia         |

Allergies (please specify).....

Any other relevant medical information: eg. (taking medication for ADHD).....

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## SUPPORT: Agencies Involved

Agency	Contact Person	Phone No:
Social Services		
CAMH's		
Education Welfare Officer		
Youth Worker		
Educational Psychologist		
Youth Offending Team		
Connexions P.A.		
Medical		
Parent Partnership		

Police: ABC/ASBO/ABA *		
Traveller Education		
Refugee Team *		
Other (please specify)		

Is the young person a child in need (CIN)?  
**Yes**                       **No**

Is the young person on the child protection register?  
**Yes**                       **No**

Is the young person looked after (LAC)?  
**Yes**                       **No**

Has the young person got a statement of educational need? \*  
**Yes**                       **No**

**\* Please attach relevant reports/documents e.g. PSP or PEP**

This referral form has been discussed with both parent/carer and young person.

**Signed**.....  
**(Nominated School Key Worker)**

**Date**.....

**Please return the completed referral to:**

**Debbie Rawlinson  
Downham Cottage Care Farm  
The Street  
Ashfield-cum-Thorpe  
Stowmarket  
Suffolk  
IP14 6LX**