Next Steps
Pupil Referral Form

Please do not leave any blanks

Referring PRU / School Name:		Date:
Name:	Position:	
Contact Address:		
Tel No:	Tel No: (alternative)	
Email:		
Name of alternative contact:		

Pupil Details

Name:		Male ☐ Female ☐
Date of birth:	Tel. No:	Mobile Tel. No:
Address:	Care status (if applicable)	
Name of Parent/Carer:	Relationship to client:	
Tel. No:	Mobile Tel. No:	

Does the client have special needs? **Yes** ☐ **No** ☐
Details:

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Nature of Pupils difficulty or disability and associated comments (including medical conditions):

Other agencies involved with client **(relevant to Training)**
Contact Name:
Position:
Organisation:
Tel. No:

In case of emergency (please provide contact details that can be used, if necessary, during travel training)	
Name:	Name:
Contact Tel. No:	Contact Tel. No.:
Relationship to trainee:	Relationship to trainee:

Training information		
Does the client and/or parent/carer support this referral	☐ Yes	☐ No
Does the client have relevant skills in order to undertake one to one travel training?	☐ Yes	☐ No

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Please indicate from your knowledge of this client's history any evidence or information regarding the following:

(L = Low risk of occurrence, M = Medium risk, H = High risk

Issue		Comment
Self harm	☐	
Verbal aggression	☐	
Physical aggression	☐	
Inappropriate social behaviour (sexual)	☐	
Inappropriate social behaviour (other)	☐	
Substance/Alcohol/Drug abuse	☐	
Vulnerability and awareness of personal safety	☐	
Awareness of dangerous situations	☐	
Taking responsibility for cash/valuables/ personal items and information	☐	

Communication

Nature of disability	Detail	Required support

Vulnerability

Issue	Detail	Required support

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Assessment of risk undertaken by: Position: Signed .... Date ....
Assessment of risk seen and approved by Travel Training Co-ordinator Signed .... Date ....

Type of Training Required		Comment
NOCN Motor Vehicle Maintenance L1, L2, L3	☐	
NOCN Motor Bike Maintenance L1, L2, L3	☐	
NOCN Construction	☐	
NOCN Welding level 1	☐	
NOCN Plumbing	☐	
NOCN Employability Skills	☐	
Out Reach activities “bike riding & Outdoor Orienteering	☐	
NOCN Cycle repairs	☐	
Work Experience	☐	

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Please remember to attach Medical Form to this document and return to:

19 St. Christopher's Way,
Patriot Way Business Park,
Pride Park,
Derby,
DE248JY

Or scan and email to nextstepenquiries@live.co.uk (preferred for faster response)

Signature of referrer: ....

Date: ....

Position: ....