**EMA INITIAL EDUCATION REFFERAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Learner** |  |  |  |  |
| **Address of Learner** |  |  |  |  |
| **Contact Number** |  |  |  |  |
| **Next of Kin** |  |  |  |  |
| **Date of Birth** |  | **Allergies /  Medication** |  |  |
| **Current Provision** |  | **Site** | **Gillingham** | |

Please note all learners will be required to complete the induction skills package   
and will be encouraged to have taster sessions in a number of vocational areas.

|  |  |
| --- | --- |
| **Pathway you would like to do:** | **Yes / No** |
| Preparation for Adulthood -All Vocational Areas and Functional Skills (Pre-Entry-Entry 2) |  |
| Support For Employment - One Vocational Area (below) and Functional Skills (Entry 2-Level 2) |  |
| SFE-Hospitality |  |
| CTH Hospitality Courses |  |
| Supported Internship |  |
| No ECHP |  |
| NEET |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Email** | **Contact Number** |
| **Social Worker** |  |  |  |
| **SEN Worker** |  |  |  |
| **Other** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer** |  |  |  |
| **Contact Number** |  |  |  |
| **Contact Email** |  |  |  |
| **Relationship to Learner** |  | **Date** |  |

**Additional comments:**

Please declare whether you have any unspent convictions or current proceedings against you. **Yes / No**

If you answer yes we will ask you for further details. Your response will not stop you from being offered a place at our college. We need to have this information to ensure your safety and the safety of our students and staff and make our decision based on your full assessment, not on your answer to this question.

Please return to:

By post: Employ My Ability, The Walled Gardens, Moreton, Dorchester, Dorset, DT2 8RH

Email: referrals@employmyability.org.uk Tel: 01929 405 685