



ELITE TRAINING  
NEXT STEPS TO YOUR EDUCATION

## 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 <input type="checkbox"/>	Female <input type="checkbox"/>
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:

**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

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 <input type="checkbox"/>	
Verbal aggression <input type="checkbox"/>	
Physical aggression <input type="checkbox"/>	
Inappropriate social behaviour (sexual) <input type="checkbox"/>	
Inappropriate social behaviour (other) <input type="checkbox"/>	
Substance/Alcohol/Drug abuse <input type="checkbox"/>	
Vulnerability and awareness of personal safety <input type="checkbox"/>	
Awareness of dangerous situations <input type="checkbox"/>	
Taking responsibility for cash/valuables/ personal items and information <input type="checkbox"/>	

Communication		
Nature of disability	Detail	Required support

Vulnerability		
Issue	Detail	Required support

Assessment of risk undertaken by:

Position:

Signed

Date .....

Assessment of risk seen and approved by Travel Training Co-ordinator

Signed

Date .....

<b>Type of Training Required</b>	<b>Comment</b>
NOCN Motor Vehicle Maintenance L1, L2, L3	<input type="checkbox"/>
NOCN Motor Bike Maintenance L1, L2, L3	<input type="checkbox"/>
NOCN Construction	<input type="checkbox"/>
NOCN Welding level 1	<input type="checkbox"/>
NOCN Plumbing	<input type="checkbox"/>
NOCN Employability Skills	<input type="checkbox"/>
Out Reach activities "bike riding & Outdoor Orienteering	<input type="checkbox"/>
NOCN Cycle repairs	<input type="checkbox"/>
Work Experience	<input type="checkbox"/>

**Please remember to attach any Medical Form to this**

**Or scan and email to [elite.training@live.co.uk](mailto:elite.training@live.co.uk) (preferred for faster response)**

**Signature of referrer:**

.....

**Date:** .....

**Position:** .....