

# Croydon Digital

Referral Form

When completed, please email this form to [admin@croydondigital.com](mailto:admin@croydondigital.com) or post to Croydon Digital, 23 Ruskin House Coombe Rd, Croydon CR0 1BD

Referral Date

Our Ref

## CONFIDENTIAL REFERRAL FOR CROYDONDIGITAL

PLEASE TYPE OR WRITE CLEARLY IN BLACK INK, COMPLETING ALL SECTIONS OF THE FORM.

### 1) PERSONAL DETAILS

Surname:

First Name(s):

Date of Birth:

Parent Name:

Does the young person know s/he is being referred:

YES

NO

Home Address:

Postcode:

Mobile:

Telephone (home):

Email:

Parent (work):

May we contact you at work? YES  NO

### 2) Previous/ Current school

Please specify schools from the age of eleven including present situation

Dates/duration	School	Relevant information	Reasons for leaving (excluded, withdrawn, medical, other)

### 3) Has the young person been statemented?

YES  NO

Date of statement?

YES  NO

Borough responsible

Details:

## 4) Other Education Provision / Pupil Referral Unit

Dates From & to	Name of Pupil Referral Units	Relevant information	Reason for ending
Dates From & to	Home Tuition Provision		

## 5) External Agencies involved (please note that we need to speak to everyone listed below)

Please list everyone that is relevant to the interests of the young person ( Ed. Psych, CAMHS, EWO, SW etc.

### Referrer:

YES/NO

Name & title:

Organisation Address:

Postcode:

Telephone No:

Fax No:

E-mail address:

**2<sup>nd</sup> contact:** May we approach this person before interview?

YES  NO

Name & title:

Address:

Postcode:

Telephone No:

Fax No:

E-mail address:

**3<sup>rd</sup> Contact:** May we approach this person before interview?

YES  NO

Name & profession:

Address:

Postcode:

Fax No:

Telephone No:

Mobile:

E-mail address:

How did you hear about Croydon Digital?

Have you previously made referral application?

YES  NO

If yes, please give details

## 6) HEALTH

Are there health issues which we should take into consideration?

YES  NO

If yes, please give details on a separate sheet

Is the young person on medication?

YES  NO

If yes please give details on a separate sheet

Does the young person have a disability?

YES  NO

## 7) Risk

Are there risks in Study Support Workers and Home Tutors visiting this young person in his or her family home?

YES  NO

If yes, please give details below:

## 8) Reason For Referral

Croydon Digital involves a considerable investment of equipment, setting up and intensive staffing.

Please suggest

- a) why Croydon Digital would be beneficial for the young person,
- b) is the young person capable of self-motivation and
- c) able to respond/ engage in this type of provision?

Please include any other information you feel is relevant in support of the referral.

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## 9) CONVICTIONS

Has the young person any criminal convictions?

YES  NO

If yes, please give full details on a separate sheet.

**Any information given will be completely confidential.**

## 10) DECLARATION

- I confirm that the above information is correct to the best of my knowledge

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Main Office of Croydon Digital

Croydon Digital  
Ruskin House  
23 Coombe Rd  
Croydon Digital CR0 1BD

Tel No: 020 8680 4226  
Fax No: 020 8680 4226  
admin@croydondigital.com

When completed, please email this form to [kerrie@philedwards.croydon.sch.uk](mailto:kerrie@philedwards.croydon.sch.uk) or post it to Croydon Digital, John Ruskin House Coombe Rd, Croydon

Referral Date		Our Ref	
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**CONFIDENTIAL**

**11) EQUAL OPPORTUNITIES MONITORING FORM**

Croydon Digital, in keeping with London Borough of Croydon, is actively opposed to discrimination and is working towards equality of opportunity for all pupils in education

To help monitor our referral process, we would be grateful if you would ask the young person to complete this form and return it with the referral form. It will be separated from your application when it reaches us.

Referral form completed for:

1. Gender (Male/Female):

2. .... would describe her/his ethnicity as (Please indicate below, please tick one box only)

Ethnicity	Category
Asian or Asian British	Please select ...
Black or Black British	Please select ...
White	Please select ...
British European	Please select ...
European Non British	Please select ...
Chinese	Please select ...
Other	Please select ...
Mixed	Please select ...
I do not wish to record a category	

4. .... would describe her/himself as a person with disabilities: YES  NO

**Thank you for your help**