



OX7 Referral Form

Part one: Referrers Details

Contact Name:

Relationship to Young Person:

Address:

Tel Number:

Postcode:

Part two: Young Person's Details

Name:

Gender:

Date of Birth:

Age today:

Address:

Home Tel No:

Mobile:

Postcode:

Part three: Emergency Contact Details

Contact Name:

Relationship to Young Person:

Address:

Home Tel No:

Work Tel No:

Mobile:

Postcode:

(If different from above)

Part four: Eligibility

To be eligible for the "OX7 Project" the young person needs to be aged between 16 - 24 years and either are Not in Education, Employment or Training (NEET) or at risk of becoming NEET. The young person's details are required to be completed in FULL on the OX7 referral form and then submitted to the OX7 project worker with as much information as possible.

Submission email address: info@ox7.org

An OX7 project worker will be in contact to confirm the referral details and schedule an appointment.



Part five: Additional Information

Are there any Safeguarding or any other issues that we will need to consider? If so, please give details:

Are there any existing assessments of need that we can have access to? If so, please give details:

Are there any other professionals/agencies working with this young person? If so, please give details:

Is there any other information that we should know about the young person? E.g. Barriers to learning, disability/health conditions or allergies. Personal background/hobbies and interests, substance misuse and/ or any prior educational achievements?

Does the young person have an SEN or Educational Health Care Plan / Assessment in place?

Yes / No (Please Circle)

Has the young person ever been convicted of a criminal offence?

Yes / No (Please Circle)

Part six: Referrers Declaration

I confirm that the signature below is my signature and all the information that has been provided is correct to the best of my knowledge.

Name:	Signature:
Date:	