

Please use this form to refer eligible young people to the Aspiring Prospects program, ensuring you read the information below which details the criteria for a young person who would like to join this program.

Please complete and return the referral form to [aspiringprospects@activeprospects.org.uk](mailto:aspiringprospects@activeprospects.org.uk).

**Criteria for Aspiring Prospects**

- Diagnosed with a learning difficulty or disability and in receipt of an active EHCP
- Aged between 17 to 24
- Committed to working towards a supported internship, volunteering, and Inclusive Apprenticeship, or paid employment

**Confidentiality**

We require full information about people who are referred to us in order to make a fair and accurate decision.

All information will be treated in the strictest confidence and in line with relevant data protection legislation. You can view our privacy policy at <https://activeprospects.org.uk/wp-content/uploads/2020/01/GDPR-Privacy-Notice-People-we-support-Privacy-statement-Rev.pdf>

Note – If there is insufficient space for you to provide all information we require, then continue on a separate sheet and / or attach supporting documentation.

**Process**

- All questions should be answered.
- All applicants are assessed for their suitability for the Aspiring Prospects training program they have applied for.
- All applications are considered, but applications will only be accepted once an initial assessment has been conducted involving the young person in question, to ensure the program is suitable.
- Please see steps below explaining our referral, assessment, and selection process.
- Other reports must be attached if appropriate i.e. Psychiatric, psychological, Occupational Therapy, Risk Assessments, current Support/Care Plan.

**Applicant**

Last Name	
First Name	
Preferred Name	
Date of Birth	
NI Number	
Telephone Number(s)	
Present Address	
Details of current of previous education provider	

**Next of Kin**

Name	
Relationship	

Address	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	

**Professionals Involved**

Professional	Name	Address	Telephone No
Community Mental Health Nurse	-		
Consultant Psychiatrist	-		
Probation	-		
Other (please specify)	None		

**Barriers to Learning** (please tick all that are relevant to the applicant)

Learning disability <input type="checkbox"/>	Autistic Spectrum Disorder <input type="checkbox"/>	Sensory disability <input type="checkbox"/>	Emotional regulation <input type="checkbox"/>	Oppositional and avoidant <input type="checkbox"/>
Hearing Impairment <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Physical disability <input type="checkbox"/>	Temporary disability after illness or accident <input type="checkbox"/>	Mental health issues <input type="checkbox"/>
Behavioural difficulties <input type="checkbox"/>	Anger management <input type="checkbox"/>	Other <input type="checkbox"/>		

**Medical Information**

Colour Blindness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin complaints	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Personal Care**

Independent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Requires prompting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Requires physical support	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**General**  
**to-Day Support Needs**

**Day-**

**Please tell us how the young person’s disability or medical condition affects them generally in an education type environment?**  
i.e. loud noises, busy places, allergies, safeguarding and challenging behaviour, communication, structure etc

**Medication**

Please list medication being taken by the young person, and how much support is required with this.

<b>Supporting Documentation</b> (please confirm documents included in this referral)					
EHCP	Yes	<input type="checkbox"/>	EHCP Student Input Report	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
EHCP (Annual Teachers Report)	Yes	<input type="checkbox"/>	Annual Review Report	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
Risk Assessments (Challenging Behaviour)	Yes	<input type="checkbox"/>	Other (Additional background information)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>

**Suitability:**

The

following questions must be answered:

In your view, do you think that the applicant could, with the right support, be ready to access and sustain either:

- 1. Voluntary employment (minimum 10 hours per week) **Yes**  **No**
- 2. Paid employment **Yes**  **No**
- 3. A supported internship by June 2023? **Yes**  **No**

In your view, do you think that the applicant could, with the right support, be ready to travel independently using public transport by June 2023? **Yes**

**No**

**Risk Information:** The following questions must be answered:

- 1. Has the person presented anger-management issues in the last 18 months? **Yes**  **No**
- 2. Has the person physically assaulted another person in the last 18 months? **Yes**  **No**
- 3. Has the person ever harmed themselves? **Yes**  **No**
- 4. Has the person ever damaged property e.g., arson, criminal damage? **Yes**   
**No**
- 5. Has the person any history of inappropriate sexual behaviours of any kind? **Yes**  **No**
- 6. Has the person ever had an issue with substance dependency? **Yes**   
**No**

If the answer to any of the risk questions is yes, please provide details including dates and resulting action. Information provided will help the Aspiring Prospects team put in place any necessary safeguards and will not necessarily mean that the application will be rejected.

**NB.** Please provide copies of any relevant risk information with this application.

**Referral Process:**

- 1. If you would like to refer a young person to the Aspiring Prospects Program, please contact your young persons' SEND caseworker at Surrey County Council: SEND Team, Mole Valley, Reigate & Banstead, Tandridge Southeast team 01737 737990
- 2. Case worker to contact Aspiring Prospects and request a Referral Form – [aspiringprospects@activeprospects.org.uk](mailto:aspiringprospects@activeprospects.org.uk)
- 3. Referral forms must be completed by young peoples' parents, carers, guardians and returned to the young persons' case worker.
- 4. Young persons' case worker to attach additional information if necessary, and any accompanying paperwork i.e., EHCP.
- 5. Once the referral form is received the Aspiring Prospects team will contact the young person and their family to explain next steps. If it is felt the program would be suitable for the young person being referred, an informal meeting involving the young person will be arranged to discuss the program, with a view to starting the assessment process.

6. If it is felt the programme would not be suitable, the young persons' case worker will be notified, and an email will be sent to the young person explaining reasons why they have not been given a place on the Aspiring Prospects program
7. The assessment process will involve the following:
  - a. Young people will be required to complete and return an application along with an up to date CV.
  - b. Young people will be invited to experience a typical day at Aspiring Prospects, which will involve some formal learning.
  - c. Young people will be asked to complete a vocational profiling exercise which is used to identify important information about the participant for example, their employment and career goals as well as support and learning needs.
8. Following the assessment, a decision will be made by the Aspiring Prospects team as to whether the program is suitable for the applicant. The decision will be taken based on information provided during the referral and application process.
9. Successful applicants will be asked to sign up to a Code of Conduct Agreement as part of the enrolment process (Parents, carers, guardians will also be required to sign this document).
10. Successful applicants will also receive an enrolment pack which will need to be completed and returned ahead of the program starting
11. As part of the selection process, applicants will also be required to provide records that document their educational background including attendance records, academic records, and their most recent Educational Health Care Plan
12. The young person's most recent education provider will be contacted to provide a reference.

**Consultation:**

Has the applicant or their advocate/relative been consulted regarding this application?      Yes     No

If not please explain why

**Referrer:**

Name	
Role	
Address	
Telephone Number	
Mobile Number	
Email address	

I agree to confidential information being made available to Active Prospects and I understand it will be treated in accordance with your Confidentiality Policy & Procedure, and the Data Protection Act 1998.			
<b>Signature of applicant or representative</b>		<b>Date</b>	

Please tell us how you heard about this opportunity

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