



## Referral Form for 1-to-1 Transitions Coaching

**By submitting this form, you are making a request for 1-to-1 Transitions Coaching.**

**Please complete fully & return to [alex@waymakers.co.uk](mailto:alex@waymakers.co.uk). We will respond within 7 days to discuss your referral.**

Initial meetings with clients are free of charge before you make any commitment to engage us.

NOTE: A referral does not guarantee an offer of service by WayMakers.

YOUNG PERSON			
Name:		Age at referral:	
Date of Birth:		Phone number:	
Address:		Email address:	
Needs: (tick all that apply)	autism <input type="checkbox"/> anxiety challenges <input type="checkbox"/> other communication <input type="checkbox"/>	→ formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/> → formally diagnosed? Y <input type="checkbox"/> / N <input type="checkbox"/>	
EHCP:	There is an Education Health Care Plan in place: Y <input type="checkbox"/> / N <input type="checkbox"/>		

REFERRER (when YP is not self-referring)	
Name:	
Relationship to young person:	
Position & Name of Organisation you represent:	
Phone number:	
Email address:	

TRANSITION GOAL(S)	
Transition goal: <i>(name of destination setting)</i>	
Reason/purpose for transition goal: <i>(e.g. name &amp; level of course, job title, future need etc)</i>	
Ideal date by which transition is to be achieved:	day / month / year

CURRENT SITUATION / STATUS	
Briefly outline the young person's current situation:  <i>(e.g. living at home, not attending school/ college, struggling to leave the house, feeling overwhelmed by expectations/demands, struggling with sensory overload, lacking in confidence)</i>	
Duration of the above:	
Is the young person...	NEET? <input type="checkbox"/> At risk of NEET? <input type="checkbox"/>
Does the young person...	Have significant mental health needs?    Y <input type="checkbox"/> / N <input type="checkbox"/> Are these needs currently being managed?    Y <input type="checkbox"/> / N <input type="checkbox"/>
Risk Assessment:	Is there a risk assessment in place:    Y <input type="checkbox"/> / N <input type="checkbox"/>
Risk(s) to young person:	
Risk(s) to WayMakers staff:	

I heard about WayMakers from...	
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Please complete fully and return securely to [alex@waymakers.co.uk](mailto:alex@waymakers.co.uk).

All information will be processed in accordance with WayMakers' Privacy Policy which can be found at [www.waymakers.co.uk](http://www.waymakers.co.uk)

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