

REFERRAL FORM

Beneath Behaviour provides individualised, psychology-informed mentoring and alternative provision for children and young people aged 5–18. Please provide as much relevant information as possible to help us understand the young person's strengths, needs and current circumstances, and to identify the most appropriate support.

Please return the completed form, together with any relevant supporting information, to:

Email: referrals@beneathbehaviour.uk

1. ABOUT THE YOUNG PERSON

Full name			
Please list their preferred name or nickname			
Gender			
Date of birth		Age	
Home address			
Ethnicity			
Religion <i>(please note N/A if none)</i>			

2. PARENT/CARER DETAILS

Parent/Carer Name:	
Relationship to young person:	
Mobile Number:	
Email:	

Parent/Carer 2 (if applicable) Name:	
Relationship to young person:	

Mobile Number:	
Email:	

3. EDUCATION AND SEND INFORMATION

Does the Young Person have an EHCP			
Yes		No	
In Progress		Not Known	

Please Mark all That Apply (x)			
Pupil Premium		Free School Meals (FSM)	
Child In Need (CIN)		Child Protection Plan	
Child in care / looked After Child		Previously Looked After Child	
Youth Justice Involvement			
Other Please Provide Details (Unique Pupil Number / Social Care Case Reference):			
Please briefly identify any diagnosed, recognised or suspected additional needs:			

Current / on-roll education setting	
Is this the Young Person's on-roll school? If not, provide details	

Current year group	
Main school contact and role	
Email address	
Telephone number	
Current timetable arrangement	
Hours per week if reduced or part-time	
Current attendance for this academic year, if known	

Which best describes the young person's current education?			
Attending a Full-Time Timetable		Attending a Reduced / Part-Time Timetable	
Attending Inconsistently		Permanently Excluded	
Alternative Provision Currently In Place		Awaiting an Education Placement	
EOTAS Arrangement		Electively Home Educated	
Currently Without an Education Placement			
Other <i>Please Provide Details:</i>			

4. REFERRAL AND COMMISSIONING DETAILS

Referring Professional:

Name:	
Role:	
Organisation:	
Email:	

Telephone Number:	
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Commissioning Details – Is the referring organisation also commissioning the provision? (x)				
Yes		No		To Be Confirmed

If no:

Commissioning Organisation	
Commissioning Contact	
Email:	
Telephone Number:	

PLACEMENT PRIORITIES			
Beneath Behaviour provides psychology-informed mentoring as the core offer. Please mark the wider educational, vocational, enrichment and progression priorities that may be helpful.			
Education or tuition		Vocational exploration or practical skills	
Community-based enrichment		Emotional regulation and confidence	
Reintegration or transition towards education		Independence and preparation for adulthood	
Work experience or volunteering		Social communication and relationship skills	

Requested hours per week, if known	
Preferred days or times, if known	
Requested start date	

YOUNG PERSON'S INTERESTS AND ENRICHMENT ACTIVITIES

Please mark any activities the Young Person may enjoy, feel motivated by or wish to explore with an 'X'.

These interests will help Beneath Behaviour shape an individualised timetable around the young person's strengths, preferences and goals.

Please mark all activities the Young Person may be interested in exploring with an 'X'.			
Football		Tennis	
Badminton		Basketball	
Swimming		Gym	
Golf / Driving Range		Bowling	
Pool / Snooker		Climbing / Bouldering	
Cycling		Boxing / Muay Thai / BJJ	
Dance		Music Lessons	
DJing / Music Production		Arts and Crafts	
Photography / Filmmaking		Cooking / Baking	
Outdoor Activities / Bushcraft		Fishing / Magnet Fishing	
Equine-Assisted Learning / Horse Care		Other	

Beneath Behaviour's core offer is 1:1 psychology-informed mentoring. The information above helps us shape the wider timetable around the young person's interests, strengths and goals. Specific activities will be agreed following assessment and may depend on suitability, risk, availability and funding.

5. REASON FOR REFERRAL

Please briefly explain why the young person is being referred to Beneath Behaviour and why support is required now

Please mark any areas currently affecting the Young Person with an 'X'			
Low / Non-Attendance		Communication Difficulties	
Behavioural Difficulties		Emotional Dysregulation	
Learning Disengagement		Anxiety / Distress	
Social Difficulties		Bullying / Peer Conflict	

Difficulty with Boundaries		Difficulty with Change	
Attention / Concentration		Sensory Difficulties	
Low confidence / Self-Esteem		Discriminatory Behaviour	
Other <i>please provide details</i>			

Please provide any relevant details or context:

6. STRENGTHS AND PREVIOUS SUPPORTS

Please tell us about the Young Person's main strengths and positive qualities. What support or interventions have already been tried? This may include school support, mentoring, alternative provision, therapeutic input, reduced timetables or other interventions. What has appeared to help? Is there anything that has not worked or has made engagement more difficult?

7. SAFEGUARDING AND RISK INFORMATION

Are there current or historical concerns relating to:			
Physical Aggression		Threatening Behaviour	
Property Damage		Missing / Absconding	
Self-Harm		Suicidal Thoughts / Behaviour	

Weapons		Drugs / Alcohol	
Criminal Exploitation		Child Sexual Exploitation	
Sexualised / Concerning Sexual Behaviour		Unsafe Community Behaviour	
Significant Risk-Taking		Significant Medical Risk	
None Known			
Other <i>please provide details</i>			
Please provide relevant details, including anything Beneath Behaviour should know before meeting or supporting the Young Person.			

Key Safeguarding Contact:

Designated Safeguarding Lead:	
Mobile Number:	
Email:	

8. MAIN AIM OF THE REFERRAL

What is the main thing you would like Beneath Behaviour's involvement to help with?

9. Professional Network

Agencies Supporting Young Person

Please write 'Yes' or 'No' for the following:

Agency	Receiving support?	Contact details		
		Name	Role	Email
SEND /Local Authority SEND Team	Write Yes or No			
Social Care	Write Yes or No			
CAMHS / Mental Health Service	Write Yes or No			
Educational Psychology	Write Yes or No			
Early Help / Family Support	Write Yes or No			
Youth Justice Service	Write Yes or No			
Police	Write Yes or No			
Other Alternative Provision / Mentoring	Write Yes or No			
Other (please specify below)	Write Yes or No			

Please use this space to provide additional notes based on the above

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Please list the Professionals you would like to receive weekly mentoring reports

Reports will be shared securely by Beneath Behaviour with the authorised recipients agreed with the commissioner.

Are there any specific reporting requirements? Mark with an X

Name	Role	Email address	Weekly	Fortnightly	Monthly	Half-Termly	Term	End of Year Review



Supporting Evidence

Please ensure the follow documentation is supplied with this request form. **Please only provide information relevant to understanding the referral and safely planning support. Beneath Behaviour may request additional information where required.**

Supporting evidence	Submitted (Yes / No)	Name of Professional required to supply to Beneath Behaviour
EHCP	Write Yes No v	
Current Timetable / attendance information	Write Yes No v	
Current Risk Assessment	Write Yes No v	
Behaviour Plan	Write Yes No v	
Relevant Safeguarding Information	Write Yes No v	
PEP, where applicable	Write Yes No. v	
Healthcare / Emergency Plan	Write Yes No v	
Relevant Professional Reports	Write Yes No v	
Relevant Incident Information	Write Yes No v	
Previous AP / Intervention Information	Write Yes No v	
Notes:		

REFERRER DECLARATION:



I confirm that, to the best of my knowledge, the information provided in this referral is accurate and relevant to the Young Person's current circumstances.

I confirm that relevant known safeguarding and risk information has been disclosed or identified.

I understand that Beneath Behaviour will use this information to consider the referral and, where appropriate, recommend a suitable package of support.

Name:	
Role:	
Organisation (if applicable):	
Email:	
Telephone:	
Signature:	
Date:	

FINANCE AND INVOICING:

Finance Contact Name:	
Invoice Email Address	
Telephone:	
Purchase Order Required?	☐
Purchase Order / Reference Number, if available:	

FOR BENEATH BEHAVIOUR USE ONLY

Date referral received: _____

Reviewed by: _____

Referral Outcome

- ☐ Progress to Initial Assessment
- ☐ Further information required
- ☐ Multi-agency discussion required
- ☐ Progress subject to additional risk / staffing arrangements
- ☐ Unable to progress at this stage

Initial Staffing Consideration

- ☐ 1:1
- ☐ Consider 2:1
- ☐ To be determined following assessment

Further information / actions required:

Decision date: _____