



REFERRAL TO ENGAGE at Northampton Saints Foundation 2024-2025

Name of School:	Date:
School contact name:	
Telephone:	
Email:	

Reason for Referral (i.e. Mental Health, behaviour, out of education etc.)

PUPIL DETAILS

Full name:	DoB:
Ethnicity:	Gender:
Address:	Preferred Pronouns:
	Student Year group:
Name(s) of parent(s) / carer(s):	Trusted guardians for collection:
Email:	Contact Tel No(s):

SAFEGUARDING

Are there current safeguarding concerns relating to this child or family?	Y	N
Do you know if the young person has ever been reported missing?	Y	N
Has the young person ever been arrested? If yes, how many times?	Y	N
How many incidents of truancy have there been at school prior to Engage?		
Is there a EHCP in place or in progress for this young person? (If Yes please attach copy or add info below)	Y	N
Is the child on a Child Protection or Child In Need Plan? Add Social Worker contacts below	Y	N
Are there concerns around Child Sexual Exploitation relating to this child or family?	Y	N
Are there concerns around PREVENT / Radicalisation / Violent Extremism relating to this child or family?	Y	N
Are there any other safeguarding concerns you may have?	Y	N
Is there an Early Help Assessment in place?	Y	N

If the response is YES to any of these please provide further information:



HOME CIRCUMSTANCES

Living with parent(s)		Living in foster home	
Living with relative(s)		Living in children's home	
Other arrangements		Privately fostered	
Particular vulnerabilities e.g. Traveller family, health, EAL etc.			
Medical /allergy conditions:			
Pupil's views and wishes:			
Parent(s) / Carer(s) views and wishes:			

SCHOOL HISTORY

Current School:	From	To

How many suspensions has the student had pre engage?	
What was their attendance percentage at school before Engage? (please delete where appropriate)	0-20% 21-40% 41-60% 61-80% 81-100%

Please provide a summary of the child's needs as they present in school



Please provide a brief summary of life events impacting on the child	
referral	
Please provide a summary of support provided by the school if not covered in separate, detailed attachments	
Nature of support	Impact

PRINT NAME _____
ROLE _____
SIGNED _____

Please include copy of any other relevant supporting information to support your referral

Please submit this referral form, and attachments to
Engage managers- Engagemanagers@northamptonsaintsfoundation.org

PHOTO CONSENT FORM

Occasionally we may take photographs and videos of participants, on the Foundation's programmes and events, to promote our services, share achievements and celebrate successes, helping the Foundation to reach its ambition.

This might include (but is not limited to), the right to use them in printed and online publicity, social media, press releases and funding applications.

From time to time, our setting may also be visited by the media who will take photographs or film footage of a high-profile events. Participants will often appear in



these images, which may appear in local or national newspapers, or on televised news programmes.

To comply with the Data Protection Act 1998 we need your permission before we can photograph or make any recordings of the learner.

.....
(Tick below)

I give my consent for the publication of my child's photograph and video to be taken for the purpose mentioned above

I do not give my consent for the publication of my child's photograph and video to be taken for the purpose mentioned above

NAME OF INDIVIDUAL	
NAME OF PARENT/GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN	
DATE	

Please note that websites and social media can be viewed throughout the world and not just in the United Kingdom where UK law applies.

PARENT/CARER CONSENT TO ACCESS THE ENGAGE PROGRAMME

I agree for my child to take part in the Alternative Provision Programme and related learning activities out of school.	Y	N
I agree for my child to travel in a staff car or minibus, in a case of emergency or school related activity.	Y	N
As part of the Engage program your child will have access to Therapeutic support from the in-house Youth Counsellor. If you do not consent to this support, please contact on dawn.bere@northamptonsaintsfoundation.org or 07752446190		



I have read and understood the conditions of use.

Name (in block capitals):.....

Parent's or guardian's signature:.....Date:.....

Please return this completed consent form to the school/other referral agency as soon as possible. **The placement cannot start with your written permission.**

The Foundation is committed to processing information in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this form will be held securely by us and will only be used for administrative, analysis and reporting purposes.

We may share your anonymised data for research purposes with third parties to improve services for young people. Your participation is voluntary, and your privacy is protected. You may withdraw at any time with no consequences. We guarantee data confidentiality.

INVOICE & REPORTING INFORMATION:

SCHOOL ADDRESS:	FINANCIAL CONTACT:
BEHAVIOUR REPORT CONTACT:	ATTENDANCE CONTACT: