A close up of a sign

Description automatically generated One-to-One Tuition Referral Form

You are welcome to use your own referral form if you have one, alternatively please complete what you can below.

*We require all fields with asterisks (\*) to be completed if possible*

*Should you have any questions, please contact our Operations Team at:*

[*info@outreachtuition.com*](mailto:info@outreachtuition.com) *or 01633 721349 07411 803636 who will be happy to help you.*

# Referrer\*

|  |  |
| --- | --- |
| **Date referral made** |  |
| **Referrer Name** |  |
| **Organisation/School/Service** |  |
| **Mobile Number** |  |
| **Email** |  |
| **Invoicing email** |  |

# The Student\*

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Gender identity** |  |
| **Year group** |  |
| **First language** |  |

# 

# Academic Information

**\*Young Person Brief** (*A few sentences as to why this tuition is being commissioned and background info on the young person)*:

|  |  |  |  |
| --- | --- | --- | --- |
| \*Current attainment / Working level *(National Curriculum levels, with date of test or assessment)*: | | | |
| Subject | Current working level | Level and Date (mm/yyyy) of most recent assessment | End of year / Key Stage target |
| English |  |  |  |
| Maths |  |  |  |
| Science |  |  |  |
| Other |  |  |  |

**Important dates** (SATs, mock or full exams, coursework deadlines etc.):

\***Behavioural Considerations** (*up-to-date EHCPs will be required for all SEND students)*:

**Is there a risk assessment for the student?** (please send through if yes)**:**

# Tuition required\*

|  |  |  |
| --- | --- | --- |
| Subject | Number of hours per week | Total number of commissioned hours (put 400 if ongoing) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Total number of hours per week (all subjects)** |  |

**Any additional information:**

# Tuition venue\*

|  |  |
| --- | --- |
| **Tuition to take place at home or library?**  **If home, please provide address** |  |
| **Contact Name** |  |
| **Role/position (e.g. parent, key worker, foster carer, teacher)** |  |
| **Telephone** |  |
| **Mobile Number** |  |
| **Email** |  |

# Parent/Carer Details

(if different to the information above)

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Role/position** |  |
| **Telephone** |  |
| **Mobile Number** |  |
| **Email** |  |

# School Details

Is the student on a school roll? If yes:

|  |  |
| --- | --- |
| **Name of school** |  |
| **Name of contact teacher/staff** |  |
| **Telephone** |  |
| **Email** |  |
| **Term Dates** |  |

# Social Worker

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone** |  |
| **Mobile Number** |  |
| **Email** |  |

Please send this completed referral form to

**info@outreachtuition.com**