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|  | **Brent Independent Travel Training (ITT) REFERRAL FORM**  Please complete all sections of this form and return to: [**brentitt@KCIL.org.uk**](mailto:brentitt@KCIL.org.uk) |

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| --- | --- | --- | --- | --- | --- |
| **STUDENT’S DETAILS** | | | | | |
| Student’s Full Name: |  | | | | |
| Address: |  | | Date of Birth: |  | |
| Email: |  | |
| Ethnic Origin: |  | |
| Contact Number: |  | | Preferred Language/  Communication: |  | |
| Consent Form Signed: | Yes | No |
| Name of school/college : |  | | Address of school/college : |  |  |
| Does the student have an EHCP: | Yes | No | Date of EHCP  (if known) |  |  |
| Does the student have an SEN Support Plan | Yes | No | Date of Plan  (if known) |  |  |
| **NEXT OF KIN DETAILS (if relevant)** | | | | | |
| Name of Parent/Carer/ Next of Kin: |  | | | | |
| Email address: |  | | | | |
| Telephone: |  | | | | |
| Relationship to Service User: |  | | | | |
| **REFERRER DETAILS** | | | | | |
| Referred by name: |  | | Key workers name: |  | |
| Organisation Name: |  | | Referral Date: |  | |
| Telephone: |  | | Email: |  | |
| Currently receiving any form of assisted travel from Brent? | | | Yes  (For how long) | No | |  |
| Previously received any form of independent travel training? | | | Yes  (Approx date) | No | |  |
| **GENERAL ITT INFORMATION** | | | | | |
| *For example; travel aspirations, previous/current travel experience, safety skills, communication preference, date starting school/college etc.* | | | | | |

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For office use only:

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| Preparation for Adulthood Outcomes: | Relevant independence outcomes listed in Section E of the EHCP. |
|  |  |
| Assisted Travel  Team | In receipt of assisted transport: YES/NO |
|  | Details of Assisted travel if applicable |