

## PERSONAL INFORMATION



**1998 Data Protection Act** This information will be held by Empire Coaching and may be disclosed to colleagues within the Education Service and other relevant educational establishments and related agencies/services.

<b>Name:</b>		<b>UPN:</b>	
<b>Home Address:</b>		<b>Home Tel Number:</b> .....	
<b>Postcode:</b>		<b>Student Mob:</b> .....	
		<b>Parent Mother Mob:</b> .....	
		<b>Parent Father Mob:</b> .....	
<b>Gender:</b>		<b>DOB:</b>	
<b>Ethnic Group:</b>		<b>NC Year Group:</b>	<b><u>Start Date:</u></b>
<b>First Language:</b>		<b>Nationality:</b>	
<b>Requires ESOL:</b> <b>YES    /    NO</b>		<b>Date of Entry:</b>	
<b>Passport/ARC Card Number:</b>			
<b>Referral Category and Referrer Name:</b> <small>(eg Newly arrived to UK/City, Extended Leave, Verge of Exclusion)</small>			
<b>Parent(s) / Carer(s) Names:</b>			
<b>Who has parental responsibility?</b>			
<b>Who does the pupil live with? <i>(Please indicate sibling names, dob and gender for Safeguarding)</i></b>			
<b>Emergency Contact Details:</b>			
<b>Current Provision/School attended &amp; Last Date:</b>		<b>Attendance %:</b> <b>Punctuality %:</b>	
<b>Access Details: <i>(If there is anyone else who has parental responsibility for the pupil or who is prevented access to the pupil)?</i></b>			
<b>Is Pupil eligible for Free School Meals</b>  <div style="text-align: center;">             Yes [    ]      No [    ]         </div> <p style="text-align: center;"><i>(details of evidence provided)</i></p>		<div style="display: flex;"> <div style="flex: 1;"> <ul style="list-style-type: none"> <li>➤ Income Support No</li> <li>➤ Income based Jobseekers Allowance</li> <li>➤ Part VI of Immigration &amp; Asylum Act</li> <li>➤ Child Tax Credit (if not entitled to Working Tax Credit)</li> <li>➤ Guarantee element of State Pension Credit</li> </ul> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <b>Parental Employment Info:</b> </div> </div>	

AGENCY INVOLVEMENT			
AGENCY	CONTACT NAME	TELEPHONE NO.	DETAILS OF INVOLVEMENT
MEDICAL INFORMATION			
GP's Name			
GP's Address			
GP's Telephone No.			
Medical details / any prescribed medication			
EDUCATIONAL INFORMATION			
Previous/Current School:			
Reason for Referral?			
Achievements and Academic Levels:			

## ANY OTHER INFORMATION

**Empire Coaching**



## RISK ASSESSMENT

1998 Data Protection Action

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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Risk Factor	Considered Level of Risk						Comment
	1 = low - 5 = high						
	N/A	1	2	3	4	5	
Theft							
Absconding							
Drug use							
Alcohol use							
Damage to property							
Arson							
Physical aggression towards other pupils							
Physical aggression towards adults							

Verbal aggression towards adults							
Bullying - Victim							
Bullying of other pupils							
Have you been a victim of sexual abuse?							
Inappropriate sexual behaviour towards others							
Persistent defiance and/or refusal to follow instructions							
Self Harm							

Does this child currently have a Child Protection Plan?      [      ] Yes [      ] No

### **Involvement with Social Services**

a) No Involvement [      ]

b) Previous Involvement [      ]

Approximate date involvement started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details of reason for involvement:

\_\_\_\_\_

c) Current ongoing involvement [      ]

Details of reason for involvement:

\_\_\_\_\_

\_\_\_\_\_

Name of Social Worker (where applicable): \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

### **Involvement with Youth Offending Team**

a) No Involvement [      ]

b) Previous Involvement [      ]

Approximate date involvement started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details of reason for involvement:

\_\_\_\_\_

c) Current ongoing involvement [      ]

Details of current convictions or ongoing charges:

Approximate date of previous/future court appearances: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Days/times required to attend supervision \_\_\_\_\_

Name of YOT worker (where applicable) \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

*I have supplied the information in this risk assessment to Empire Coaching, and to the best of my knowledge, information and belief the responses are true and accurate.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Pupil: \_\_\_\_\_

*Empire Coaching has prepared this risk assessment in conjunction with the above parent / carer / professional and from referral information provided.*