



The Heights Blackburn - Anger Management KS2 Referral Form

All sections must be completed before the application is processed. Failure to do so will slow down the referral.

Details of Young Person

First Name(s)		Gender	Male/ Female	
Surname				
Ethnicity		First Language		Religion
Referral Date				
UPN				
D.O.B		Year Group		Free School Meals
				Yes/No
Address Including Post Code				
Telephone Number				
Parent Email Address				
Parent / Carers			Emergency Contact	
First Name				
Surname including title Mr/Mrs/Miss/Ms				
Relationship to Young Person				
Telephone Number				
Address (if different from above please give details)				
Referring School				
Name of School				
School Contact Details				



Name	
Position	
Telephone Number	
Email	
Reason for Referral (please explain)	
Home Situation (please explain)	
Is the young person subject to a Child Protection Plan? (If yes, please give details of present or past involvement)	Yes / No
Is the young person a "child in our care" If yes please give details below	Yes / No
Name of Social Worker	
Telephone Number	



Local Authority	
What are our intended outcomes for this young person?	
Does the young person have any known triggers for angry outbursts?	
How does the young person's anger manifest itself?	
Medical/Health Information	
Does the young person have any health issues/disabilities that we need to be aware of?	
Allergies (Does the young person have any allergies that we need to be aware of?)	
<u>Course Fees</u> <i>The course cost will be £125.00 for Primary Pupil's for the full 5 week programme – any invoice queries please contact helen.rawnsley@theheightsfreeschool.org</i> Please note once a place has been booked on the course the full cost will be charged regardless of the number of sessions attended.	

Please Return Completed Forms to: enquiries@theheightsfreeschool.org