**Request for Education Support**

This referral form is for when a young person usually residing in Kent has been referred to a hospital or service in an alternative county due to a health need. This referral is to request funding for the education provision provided your organisation. The continuity of the education of the young person remains the responsibility of Kent County Council and as such they reserve the right to make alternative arrangements and/or quality assure the provision provided.

**Young Persons Details:**

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| --- | --- |
| Name of young person: Click here to enter text. | Date of Birth: Click here to enter a date.  Year Group: Click here to enter text. |
| Parent(s)/Carer(s): Click here to enter text. | |
| Address: Click here to enter text.  Postcode: Click here to enter text. | |
| Tel no: Click here to enter text. Email: Click here to enter text. | |
| School: Click here to enter text. Tel no: Click here to enter text.  Last date in school: | |
| School Contact:Click here to enter text. Role: Click here to enter text.  Direct line tel:Click here to enter text. Email: Click here to enter text. | |
| UPN:- Click here to enter text. | |

**Referral Details:**

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| --- |
| Date of referral: Click here to enter text. |
| Name and details of the referrer: Click here to enter text. |
| Address: Click here to enter text.  Postcode: Click here to enter text. |
| Tel no: Click here to enter text. Email: Click here to enter text. |
| **Reason for referral to your service**  Click here to enter text. |

**Placement Details:**

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| --- |
| Date of Admission: Click here to enter text. |
| Name and details of the Service Provider: Click here to enter text. |
| Address: Click here to enter text.  Postcode: Click here to enter text. |
| Tel no: Click here to enter text. Email: Click here to enter text. |
| Indication of likely duration of stay: Click here to enter text. |
| Delete as appropriate: Residential / Day patient |
| Description of Educational Provision offered: Click here to enter text. |
| Description of additional education requested: Click here to enter text. |
| Cost of educational provision: Click here to enter text. |

**Further advice on this can be gained from the Kent Health Needs Education Service prior to making an application by contacting ‘Out of County Application Support’ on** 01732 875694.

Completed forms must be sent/ emailed/ faxed to:

|  |  |
| --- | --- |
| **Referral Manager**  Kent Health Needs Education Service  40 Teddington Drive  Leybourne  Kent Me19 5FF | Email: referrals@khnes.kent.sch.uk  Fax: 01732 522464 |

Notification of outcome of request will be sent out ASAP with invoicing details. Please note Kent Health Needs Education Service will not be liable for any payment until this form has been received and confirmation sent to the provider.

**Please retain a copy for your records**