



Get Ahead Referral Form

Name	
Age / DOB	<i>**Eligible if aged 15-25**</i>
Address	<i>Eligible if address in Wiltshire or Swindon:</i> <ul style="list-style-type: none"> • Refer to New College if in Swindon (15-25) • Refer to Go Train if in Wiltshire and 19+ • Refer to Wiltshire College / internally if in Wiltshire and 15-18
Contact Tel:	
Email:	

Are you currently participating in any of the following?

	Yes	No
Education		
Employment		
Training		

*If no to all 3 categories, then eligible for Get Ahead
If yes, to one category or more, then complete At Risk Checklist*

At Risk Checklist

	✓		✓
No confirmed application or offer for next year		Does not wish to continue in current area or course	
Mental health issues		Looked after child	
Needs more support in class		Potential of becoming homeless	
Not living with parent/guardian		Drug dependency	
Alcohol dependency		Bereavement	
Transport issues		Financial hardship	
Special Educational Needs		Poor attendance	
Behaviour		Personal relationships	
Poor progress on course/ Low aspirations		Other (please specify)	

If any box is ticked, then eligible for Get Ahead



Please provide some background information on the participant such as current situation, education history, any other relevant information to the referral....

Referral / At Risk confirmed by:

Referral Agency	
Referrer Name	
Signed	
Date	