**LETS KICK IT EDUCATION REFERRAL FORM**

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| **Your Name***If referring on behalf of the young person* |  |
| **YP Name:***If referring on behalf of the young person* |  |
| **YP Location:***County* |  |
| **Referral Type:** *Local Authority, School, Parent/Carer or other.* |  |
| **Contact No:** |  |
| **Email:** |  |
| **Interests:***Sport, Fitness, Photography, Games Design, English, Mathematics, Employability* |  |
| **Does the YP have an EHC plan?***If yes, are you able to supply a copy?* |  |
| **Learner Notes***Is there anything you’d like to add about that learner? Personality traits, learning styles, additional needs… anything you feel is relevant?* |  |

**Contact Information**

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