**LETS KICK IT EDUCATION REFERRAL FORM**

|  |  |
| --- | --- |
| **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**

Daniel Smith – Lets Kick It Group LTD Director

Contact No: 07415178399

Email: [daniel@letskickitsoccer.co.uk](mailto:daniel@letskickitsoccer.co.uk) / [admin@letskickitsoccer.co.uk](mailto:admin@letskickitsoccer.co.uk)