



Trafford Parents Forum  
Oaklands House  
Talbot Road  
Old Trafford  
Manchester  
M16 0PQ  
0161 872 0183

## Transitions Project Referral Form

YOUNG PERSON'S DETAILS	
Full Name:	
Date of birth:	
Address:	
Postcode:	
Home Tel:	Mobile:
Email (if applicable):	
Would you like to join our mailing list to receive information about upcoming activities and events for young people? (Your details will not be shared with any other organisations) Yes <input type="checkbox"/> No <input type="checkbox"/>	

PARENT / CARER CONTACT DETAILS	
Name:	
Relationship:	
Address:	
Postcode:	
Home Telephone:	Mobile:
Email:	
Would you like to join our mailing list to receive information about upcoming activities and events for young people? (Your details will not be shared with any other organisations) Yes <input type="checkbox"/> No <input type="checkbox"/>	



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**PERSON MAKING THE REFERRAL**

**Name:**

**Telephone Number:**

**Email address:**

Would you like to join our mailing list to receive information about upcoming activities and events for young people? (Your details will not be shared with any other organisations) **Yes**  **No**

**Reason for the referral:**



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**Information about the young person**

Name of school or college attending: \_\_\_\_\_

Do you have any of the following:

Statement

SEN support

EHC Plan

Statutory Assessment

Other, please state

**Do you consider yourself to have a disability or medical condition? For example, learning difficulties, autism, impairment, mental health, depression. If so, please give details below:**

**Do you consider yourself to have any access needs? Please give details below:**



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**Any other relevant information:**

**Please tell us areas of the project you are interested in finding out about  
 Tick all that apply**

**Advice and Guidance**  Please give details if possible

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**Forum and Discussion groups**

**Group workshops or activities**

What are your interests / what type of activities do you enjoy? (tick as many as you like)

Arts and crafts <input type="checkbox"/>	Drama <input type="checkbox"/>
Computer gaming <input type="checkbox"/>	Listening to or playing music <input type="checkbox"/>
Sports <input type="checkbox"/>	Outdoor / nature based <input type="checkbox"/>
Cookery sessions <input type="checkbox"/>	Socialising with other young people <input type="checkbox"/>
Cinema trips <input type="checkbox"/>	Sensory rooms <input type="checkbox"/>
Bowling <input type="checkbox"/>	Other/s: .....
Board games <input type="checkbox"/>	.....



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**For monitoring purposes and to help us with project evaluation, we would appreciate it if you could complete following questions:**

**Is the person completing the referral form**

I am the young person

I am the parent or guardian of the child/young person

I am a professional supporting the child/young person

**Where did you hear about Transitions?**

Transitions flyer

Trafford Parents Forum website

Facebook

Twitter

Word of mouth

Other  please state:.....

**Please return the referral form to:**

By post:

Transitions Project  
Trafford Parents Forum  
Oaklands House  
Talbot Road  
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Manchester  
M16 0PQ

By email:

transitionsproject@traffordparentsforum.org