

**Reconnect 1-1 Programme**  
*Powered by Instrumental UK*  
 Referral & Background Information Form



<b>Referrer Information</b>	
Name: *	
School/ Team / Organisation/ Agency:	
Role / Position / Relationship To The Referred Individual	
Contact Number: *	
Email: *	
<b>Referred Individual's Information</b>	
First Name: *	
Last Name: *	
Age: *	
Date of Birth: *	
Address:	
Medical conditions / needs * Are there any medical conditions / requirements we should be aware of?	
Please state if the individual requires assistance with activities of daily living e.g. toileting, eating, mobility, and medication?	
Ethnicity:	
Current Provision:	
Please list any other professionals currently working with the individual:	
Previous Interventions? Has the individual had any other interventions or therapies in the past? If yes, please provide details:	
<b>Parent / Carer of Referred Individual (Emergency Contact)</b>	
Name: *	
Contact Number: *	
Email: *	

Address:	
<b>Provision</b>	
How many hours are required per week? (Minimum 1.5 hours Maximum 15 hours)	
Who will be funding this programme? (School, Local Authority, Private, ... )	
<b>Is core subject tuition required?</b>	
<b>Preferred Settings</b> - Please TICK preferred venues	
At Instrumental UK studios	
• Bury St Edmunds	
• Thetford	
At your school or organisation	
At the referred individuals home	
Online	
<b>What specialisms is the individual interested in?</b> (Please tick any that are or may be of interest. Leave blank and contact us to discuss if the individual is unsure.)	
	Please tick requested activities
Mechanics	
Sports & Fitness	
Bushcraft / Survival	
Theatre / Performance	
Audio Production	
DJing (Pioneer DDJ FLX10 & Rekordbox)	
Vocals	
Instrument Tuition	
Cooking & Hospitality	
Construction (Bricklaying, Carpentry, Plumbing, Electrics)	
Dance	
Animation	
Graphic Design	

Art - including Printing, Painting, Illustration, Sculpture, Graffiti, Air Brushing, Crochet, Textiles & Decals (design & cutting), & more	
Crafts	
Hair & Beauty	
Photography (Adobe Creative Cloud)	
Film Making	
Ornithology	
Water Sports	
Biking (MTB, Jump Biking, BMX)	
MMA (Mixed Martial Arts)	
Climbing / Bouldering	
Gardening	
Computing & Coding	
Dance	
Drama & Movement	
Other (please list)	

<b>Learning Difficulties / Disabilities</b>	
Does the referred individual have any specific learning difficulties? (SpLD)	
• Dyslexia	
• Dyscalculia	
• Dysgraphia	
• Dyspraxia	
• Other (Please list)	
<b>Neurodevelopmental Disorders</b>	
• Attention Deficit Hyperactivity Disorder (ADHD)	
• Autism Spectrum Disorder (ASD)	
• Speech, Language and Communication Needs (SLCN)	
• Sensory Processing Disorder (SPD)	
• Other (Please list)	
<b>Intellectual &amp; Cognitive Disabilities</b>	

• Global Developmental Delay (GDD)	
• Moderate Learning Disability (MLD)	
• Severe Learning Disability (SLD)	
• Profound & Multiple Learning Disabilities (PMLD)	
• Other	
<b>Social, Emotional and Mental Health (SEMH) Needs</b>	
• Emotional & Behavioural Disorders (EBD)	
• Attachment Disorder	
• Other	
<b>Physical Disabilities with Associated Learning Challenges</b>	
• Cerebral Palsy (CP)	
• Muscular Dystrophy	
• Epilepsy	
• Other	
<b>Medical &amp; Genetic Conditions Affecting Learning</b>	
• Down Syndrome	
• Fragile X Syndrome	
• Fetal Alcohol Spectrum Disorder (FASD)	
• Other	

<b>Funding &amp; Monitoring (please select any of the following)</b>	
High Needs Element 3	
Special Educational Needs	
Section 193A - Learning Difficult Assessment	
Looked After Child	
EHCP (Education Health Care Plan)	
Other (please specify)	

<b>Risk Assessment</b> (please select any of the following if they are relevant to the individual you are referring to us and add as much detail as possible)	
Verbal assault	
Physical assault	
Weapon	
Issues with online activity	
Safeguarding Concerns	
Absconding	
Illegal drugs	
Social concerns	
Self harm	
Suicide attempts	
Other	

<b>Goals and Expectations</b>
Please list any goals, desires and expectations of the individual, staff and parents/carers? Please be as specific as possible and use SMART making reference to EHCP goals and outcomes where appropriate.
<b>Previous Interventions</b>
Has the individual had any other interventions or therapies in the past? If yes, please provide details:

Required Documents (Please use the checklist below to check you have sent us all the documents we will require. Documents should be sent to <a href="mailto:admin@reconnect1-1.com">admin@reconnect1-1.com</a> )	
EHCP	
Risk Assessments	
Any other relevant and helpful documents	

Please use the table below to help us understand the individual's current situation and challenges.

<b>LEARNING</b>	<b>SOCIAL &amp; EMOTIONAL</b>	<b>BEHAVIOURAL</b>	<b>OTHER</b>
Lacking confidence	Low self-esteem/	Disruptive	Personal Care Required
Passive learner	confidence	Disturbing others	Difficulty in settling into school
Falling behind	Struggles managing strong feelings	Angry, Aggressive	Health & Welfare Issues
Gaps in learning	Withdrawn	Frustrated	Teenage pregnancy
Struggles working independently	Playground issues	Bullying issues	Attendance / punctuality
Struggles following instructions	Friendship issues	Disputes with adults	Risk of exclusion or criminal activity
Lack of concentration	Clash between home & peer culture	Difficulties in participating	Loss, bereavement, trauma
Struggles to understanding what	Poor social skills	Substance abuse	Transfer between school
Cultural/ language misunderstandings	Peer pressure	Disputes with peers	Personal transitions: family issues, LAC, young carer, parental mental health, living, alone
Struggles starting work / Staying on task	Disengaged from the class	Attention Seeking	Have a concern about a child but not quite sure why
Lacking motivation	Struggles working in a group		
Struggles to complete work	Difficulties with peers		
	Lacking resilience		
	High Level of anxiety		
	Unhappy		
	Confused		
	Fearful		

<b>Declaration *</b>
I understand that ReConnect 1-1 cannot account for the entire educational provision for an individual who is under 16.
<b>Consent and Authorisation *</b>
I confirm that I have obtained the necessary consent from the parent/guardian/carer of the individual for this referral. I understand that the information provided will be treated in accordance with the <i>InstrumentalUK</i> Privacy Policy.
<b>Referrer's Signature *</b>
<b>Date *</b>
Thank you for completing this referral form.
Please email your completed form and supporting documents to <a href="mailto:admin@reconnect1-1.com">admin@reconnect1-1.com</a>
If you have any further questions or need assistance, please contact us
Email: <a href="mailto:admin@reconnect1-1.com">admin@reconnect1-1.com</a>
Call: 07599 035520



## Privacy Notice

At *Instrumental*, we are committed to protecting the privacy and confidentiality of individuals who engage with our services. This Privacy Notice explains how we collect, use, and protect personal information when you provide it to us. It also describes your rights regarding your personal information.

### Information We Collect:

We may collect and process the following types of personal information:

1. **Contact Information:** This includes your name, address, phone number, and email address.
2. **Personal Details:** This includes information such as date of birth, gender, and any relevant background information related to the services we provide.
3. **Referral Information:** This includes information provided by the referrer, such as your name, position/title, and contact details.
4. **Medical and Therapeutic History:** This includes information about your previous interventions, therapies, or medical conditions that may be relevant to the services we offer.

### Purpose and Legal Basis for Processing:

We collect and process personal information for the following purposes:

1. **Service Provision:** To provide the requested services, including scheduling appointments, assessing needs, and delivering appropriate interventions.
2. **Communication:** To communicate with you regarding your referral, appointment reminders, and any necessary updates or changes to our services.
3. **Consent:** With your consent, we may use your personal information for specific purposes beyond service provision, such as research, evaluation, or improving our services. Your consent will be obtained separately for such purposes.

### Data Retention:

We will retain your personal information for as long as necessary to fulfil the purposes outlined in this Privacy Notice, unless a longer retention period is required or permitted by law.

### Data Sharing:

We may share your personal information with the following entities, only to the extent necessary for the provision of services or as required by law:

1. **Service Providers:** Third-party service providers who assist us in delivering the requested services, such as music therapists or administrative support staff.
2. **Legal Obligations:** If required by law or in response to a valid legal request, we may disclose personal information to law enforcement agencies, regulatory bodies, or other third parties.

### Data Security:

We have implemented appropriate technical and organisational measures to protect your personal information from unauthorised access, loss, or destruction. We maintain strict



confidentiality and ensure that access to personal information is limited to authorised individuals who require it to perform their duties.

#### Your Rights:

You have the following rights regarding your personal information:

1. Access: You can request access to the personal information we hold about you.
2. Rectification: You can request correction of inaccurate or incomplete personal information.
3. Erasure: You can request the deletion of personal information when it is no longer necessary for the purposes stated in this Privacy Notice.
4. Objection: You can object to the processing of your personal information for specific purposes.
5. Withdrawal of Consent: If we are processing your personal information based on your consent, you have the right to withdraw your consent at any time.

To exercise your rights or if you have any questions or concerns about the processing of your personal information, please contact us using the details provided below.

#### Contact Information:

ReConnect 1-1

*Powered by Instrumental UK*

Phone: 07599 035520

Email: [admin@reconnect1-1.com](mailto:admin@reconnect1-1.com)

We may update this Privacy Notice from time to time to reflect changes in our practices or applicable laws. The updated version will be posted on our website or provided upon request.

Date of Last Update: 18/4/23

