# Vale Life & Work Skills

## Referral Form

Please return to: hello@valelifeandworkskills.co.uk

For local authority professionals, parents, carers and supporting professionals.

### Referrer Information

Full Name

Organisation / Local Authority

Role / Job Title

Email Address

Contact Number

Relationship to Learner

### Learner Information

Learner Name / Initials

Date of Birth / Age

Postcode

Current Setting

### Needs and Support Requirements

Brief overview of needs

Current support in place

# Vale Life & Work Skills

## Referral Form continued

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### Areas of Development

- [ ] Communication
- [ ] Independence
- [ ] Social interaction
- [ ] Employability
- [ ] Emotional regulation
- [ ] Other

If other, please specify

### Programme Interest

- [ ] Communication & Confidence
- [ ] Employability Skills
- [ ] Unsure / would like guidance

### Additional Information

Further details

### Consent

Please confirm the following:

- [ ] I confirm I have appropriate consent to share this information.
- [ ] I agree to be contacted regarding this referral or enquiry.

We aim to respond within 2–3 working days.

Information is handled in line with data protection and confidentiality requirements.