



# Champions Engagement Hub

## Referral Form

*SEMH Readiness & Engagement Service (Ages 13–16)*

### Important Information

This is not a school, PRU, or behaviour unit. This is a structured SEMH readiness and engagement programme delivered through boxing-based coaching and routine.

The referring agency remains responsible for statutory education arrangements and oversight during attendance.

This form must be completed by a professional from the referring agency. **Parental / guardian consent is required (see Part Seven).**

Placements are subject to assessment and risk review and are not guaranteed.

### Eligibility (Summary)

- Aged 13–16
- SEMH needs where engagement / routine is the primary barrier
- Able to participate in structured group coaching with risk controls
- Parent / guardian consent in place

### Not Suitable If

- Acute crisis requiring constant observation
- Active high-risk violence that cannot be safely managed in a coaching setting
- Serious weapon / gang risk requiring specialist secure provision
- Medical restrictions preventing participation (unless adapted plan agreed)
- Placement restrictions prohibiting community attendance

Please return completed form to: **Unity Support & Housing Group Ltd**  
Unit 1 Park Lane Business Centre | Park Lane | Nottingham NG6 0DY  
Email: [info@unitysupportandhousing.org.uk](mailto:info@unitysupportandhousing.org.uk) | Tel: 07494 150 123

## PART ONE: Referrer Details

1. Referrer's full name:	
2. Organisation / school / PRU:	
3. Role / job title:	
4. Professional work email:	

*(Mandatory — personal email addresses will not be accepted)*

5. Telephone:	
6. Date of referral:	

### 7. Referral source:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> School                | <input type="checkbox"/> Pupil Referral Unit (PRU) | <input type="checkbox"/> Local authority            |
| <input type="checkbox"/> SEND team             | <input type="checkbox"/> Social worker             | <input type="checkbox"/> Youth Offending Team (YOT) |
| <input type="checkbox"/> Virtual School        | <input type="checkbox"/> Educational psychologist  | <input type="checkbox"/> CAMHS / MHST               |
| <input type="checkbox"/> Other (specify below) |  |   |

If other, please specify:	
---------------------------	--

## PART TWO: Young Person Details

8. Full name:	
9. Date of birth (DD/MM/YYYY):	
10. Age:	

**11. Gender:**

Male

Female

Other / prefer not to say

12. Home address:	
13. Local authority area:	
14. Ethnicity:	
15. First language:	
16. NHS number (if known):	
17. GP name and surgery:	

## PART THREE: Parent / Guardian / Carer Details

18. Parent / guardian name:	
19. Relationship to young person:	
20. Contact telephone:	
21. Email:	
22. Address (if different from above):	

**Safe Contact Arrangements**

Safe contact number (if different):	
Safe times to contact:	
Any restrictions on contact?	

## PART FOUR: Education & SEMH Background

### 23. Current school / setting:

### 24. Current education status:

- |   |  |
|---|--|
| <input type="checkbox"/> Permanently excluded | <input type="checkbox"/> At risk of exclusion          |
| <input type="checkbox"/> Managed move         | <input type="checkbox"/> Persistent absence            |
| <input type="checkbox"/> Home educated        | <input type="checkbox"/> EOTAS / alternative provision |
| <input type="checkbox"/> Not on school roll   | <input type="checkbox"/> Other                         |

### 25. Date of last exclusion / absence start:

### 26. Summary of education history and exclusions:

### 27. EHCP / SEN status:

- |   |   |
|---|---|
| <input type="checkbox"/> EHCP in place      | <input type="checkbox"/> SEN Support (K code) |
| <input type="checkbox"/> Assessment pending | <input type="checkbox"/> None / unknown       |

### 28. Primary area of need (if EHCP):

### 29. SEMH presentation (describe key behaviours, triggers, and patterns):

*E.g. emotional dysregulation, aggression, withdrawal, anxiety, self-harm, defiance, absconding, difficulties with authority, peer conflict.*

### 30. Diagnosed conditions (if any):

*E.g. ADHD, ASD, anxiety disorder, attachment disorder, PTSD, ODD. Include who diagnosed and when.*

### 31. Current medication (if known):

### 32. Currently receiving support from:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CAMHS / MHST        | <input type="checkbox"/> Educational psychologist | <input type="checkbox"/> Social worker  |
| <input type="checkbox"/> YOT                 | <input type="checkbox"/> Early Help               | <input type="checkbox"/> SEND team      |
| <input type="checkbox"/> Speech and language | <input type="checkbox"/> Counsellor               | <input type="checkbox"/> Virtual School |
| <input type="checkbox"/> None                |   |   |

## PART FIVE: Safeguarding & Statutory Status

33. Is the young person a Child in Need (CIN)?

Yes

No

34. Is there a Child Protection Plan (CPP)?

Yes

No

If yes, social worker name and contact:

35. Is the young person looked after (LAC)?

Yes

No

36. YOT involvement?

Yes

No

If yes, YOT worker name and contact:

37. Known safeguarding concerns:

*Include CSE/CCE risk, county lines, DA exposure, neglect, online harm, gang involvement, substance use.*

37A. Is there an active police investigation involving the young person?

Yes

No

Unknown

## PART SIX: Risk Assessment & Management

38. Current risk of harm to others:

Low

Medium

High

Unknown

39. Current risk of self-harm:

Low

Medium

High

Unknown

39A. Any known history of weapon carrying?

Yes

No

Unknown

If yes, please provide brief details:

40. Date of last serious incident:

41. Description of most recent incident:

42. Current safety / risk management plan in place?

Yes (please attach)

No

43. What works best to calm or redirect during incidents?

44. Any history of restraint / use of force?

Yes

No

If yes, brief details:

**45. Any reasonable adjustments required?**

Yes  No

**If yes, details:**

**46. Any physical limitations affecting participation?**

Yes  No

**If yes, details:**

**47. Any recent injuries?**

Yes  No

**If yes, details:**

**48. Referring agency confirms the young person is medically fit to participate in structured physical activity:**

Yes  No

**Safeguarding Notice:** If immediate safeguarding concerns are identified, Unity Support & Housing Group Ltd will follow safeguarding procedures and may contact the relevant local authority or agency.

**Reason for Referral**

**49. Why is the Champions Engagement Hub being considered for this young person?**

**50. What outcomes are hoped for?**

*E.g. improved emotional regulation, re-engagement with education, reduced exclusion risk, building trust with adults, readiness for next placement.*

**Practical Arrangements**

**51. Proposed start date:**

**52. Preferred days / times:**

**53. Funding confirmed?**

Yes  No  In progress

**If not confirmed, who is responsible?**

**54. Travel arrangements:**

Transported by referring agency  Independent travel  
 Parent / carer drop-off  Other

**If independent travel — travel risk assessed?**

Yes  No  N/A

**If independent travel — has parental consent been provided?**

Yes  No  N/A

**55. Emergency contact for same-day issues:**

**Emergency contact telephone:**

## PART SEVEN: Consent & Declarations

### 56. Referrer Declaration

I confirm the following:

- Unity Support & Housing Group Ltd will use this information to assess suitability for the Champions Engagement Hub.
- Unity may share relevant information with partner agencies involved in the young person's care and education.
- The parent / guardian has been consulted about this referral.
- The referring agency retains responsibility for statutory education arrangements during attendance.
- If inaccurate or incomplete information is provided, any placement offer may be withdrawn.
- Unity Support & Housing Group Ltd does not provide accredited education or qualifications.

<b>Referrer signature:</b>	
<b>Print name:</b>	
<b>Date (DD/MM/YYYY):</b>	

### 57. Parent / Guardian Consent

Please tick both boxes:

- I consent to this referral and assessment for the Champions Engagement Hub.
- I consent to relevant information being shared with partner agencies for safeguarding and education planning purposes.

I understand this is a boxing-based SEMH readiness service and consent to my child participating in structured physical activities, mentoring sessions, and emotional regulation programmes.

<b>Parent / guardian signature:</b>	
<b>Print name:</b>	
<b>Relationship to young person:</b>	
<b>Date (DD/MM/YYYY):</b>	

**If the parent / guardian cannot sign today:**

Please confirm who is providing consent or authority (e.g. social worker with parental responsibility, foster carer with delegated authority).

<b>Name and role of person providing consent:</b>	
---	--

## 58. Young Person's Views (optional)

What does the young person want from this programme?

### Data Protection & Privacy

#### How we use your information

- Data is collected for the purposes of assessment, placement, and safeguarding.
- Information may be shared with the local authority, school, and safeguarding partners where necessary.
- Data is stored securely and in line with our retention policy.
- You have the right to request access to, correction of, or deletion of personal data held by Unity Support & Housing Group Ltd.
- Data may also be retained for audit, compliance, and safeguarding record purposes in line with organisational policy.
- For data enquiries, contact: [info@unitysupportandhousing.org.uk](mailto:info@unitysupportandhousing.org.uk)

#### Attachments Checklist

Please tick all documents attached with this referral:

- EHCP or SEN Support plan
- Risk assessment / safety plan
- Behaviour support plan
- Exclusion letter(s)
- Educational psychologist report
- CAMHS / MHST report
- Social worker assessment / referral
- YOT report (if applicable)
- Previous alternative provision reports
- Other: \_\_\_\_\_

#### This is the end of the form.

Thank you for completing this referral. Unity Support & Housing Group Ltd aims to review and respond within 5 working days.