**Tuition Registration and Referral Form**

**General guidance on completing the registration and referral form**

* Please complete all boxes as thoroughly as possible so we can ensure our tutors are fully prepared for undertaking tuition with your child.
* You will need to complete a separate form for each child you refer. You can extend the amount of sessions you need at any time after the tuition has begun.
* If we have not already held a consultation with you, we will contact you to discuss the terms of agreement, after which point we will send your invoice.
* Sessions must be paid for in advance.
* Please return completed paperwork to info@evolve-intervention.com – Please either send this through a secure email provider or password protect it and provide the password verbally to 01245 526069.

**Thank you for taking the time to complete this form, your tutor will be in touch once it has been processed so they can agree a start date and time with you.**

**SECTION A: General Information**

|  |  |
| --- | --- |
| **Tuition required** | English [ ]  Maths [ ]  |
| **How many sessions would you like to book initially?** | 6 [ ]  12 [ ]  18 [ ]  24 [ ]  |
| **Name of Child / Young Person** |  |
| **Date of birth** |  |
| **Name of family contact and role** e.g. mother, father, aunt etc |  |
| **Home address** |  |
| **Contact details** | Home telephone: Mobile telephone:Email: |
| **School attended and address** |  |
| **Date attended from** |  |
| **Current levels** | Maths: English: |
| **Target levels** | Maths: English: |
| **Exam board** | Maths:English |
| **Special educational needs** |  |
| **Medical conditions** |  |
| **GP name and address** |  |

**Please use a continuation sheet if required**

|  |
| --- |
| Reasons for referral and any key areas you would like us to work through with your child: |

|  |
| --- |
| How does your child feel about having tuition? |

|  |
| --- |
| Any other relevant information you think we need to be aware of: |

**SECTION B: Agreement to access Evolve Intervention’s Tuition Services**

This agreement is for you to feel sure that you want to engage with our tuition services and for you to feel happy that you have been given all the information you need to make this decision.

|  |
| --- |
| I am signing on behalf of (Child’s name):  |

Now, please tick these checkboxes if:

|  |  |
| --- | --- |
| * You have been given information on the service that will be provided
 | [ ]  |
| * You and the child named above have been given the information sheet explaining how and why their data / information will be recorded and processed and what data rights they have
 | [ ]  |
| * You have been given information about how you can make a complaint about the service if you are unhappy or have a concern
 | [ ]  |
| * You have been given the chance to ask any questions you may have
 | [ ]  |
|  |  |
| * You are happy to work with us after reading all of the information we have given to you
 | [ ]  |
|  |  |

 Signed:

 Name:

 Relationship to child:

 Date:

*Internal Use Only*

|  |  |  |
| --- | --- | --- |
| *Date Received:* | *Tuition start date:* | *Interim Review Date:* |
| *Number of sessions:* | *Tutor Allocated:* | *Finish Date:* |
| *Invoice Sent Date:* | *Invoice Paid Date:* | *Feedback Complete Date:* |