PRIVATE & CONFIDENTIAL

Referral Form for attendance at Depden Care Farm

Date of Referral:

Personal Information	
Name	
Date of Birth	
Gender	
Address	
Postcode	
Phone Number	
Email Address	

Details of Person Making Referral	
Name	
Relationship to person / Job role	
Phone Number	
Email Address	

Parent / Guardian Information (If applicable)	
Name	
Relationship to person	
Phone Number	
Email Address	

Reason for referral	
Please provide a brief description of the reason for referral	

Special Needs Assessment	
Additional Needs Details Please provide any information related to the persons special educational needs, including all clinical diagnoses.	
Current Support and Strategies Please outline any current support or strategies in place for the person.	
SEND / CAREPLAN / CARE ACT ASSESSMENT Please list any previous assessments, or evaluations the person has undergone. Copies of assessments and plans must be made available to the farm prior to enrolment.	

Medical Information	
Please provide any relevant medical information about the person, including medical conditions, medications, allergies, or dietary requirements	

Additional Information	
Please give a brief description of the person's strengths and interests	
Any other relevant information or comments you'd like to tell us	

Funding	
How will the placement be funded?	
Is funding in place?	
Date funding is available / timescale / next steps	

Educational Information (If the person is a pupil /student)	
School Name	
Grade / Year Level	
School representative details (name, position, email / phone number)	

Visit date	
Trial day date	
Start date	

Please email this form to: tim@depden.com

Or send by post to: Depden Care Farm, Rookery Farm, Depden, Bury St Edmunds, Suffolk, IP29 4BU

For all enquiries please telephone Tim Freathy, Director on **01284 851013** or email director@depden.com