

Send all referrals forms to referrals@evjaspire.com



Referral and Consent Form

Pupil Name:	Age:	Date of Birth:
Name of the person making the referral:	Role:	
Address of the young person:	School Year:	
	School:	
Name of Parent or Guardian:	Name of Referrer:	
Contact number:	Job Title:	
	Contact Number:	
Medical Conditions:	Allergies:	
Additional needs and/or disabilities:		

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What are you hoping to achieve for this young person by putting this provision in place?

How else is education being provided for this young person? (e.g tutoring, attendance at school, part TT)

School information:

Please note that the referring school must provide behaviour and exclusion reports to EVJ Aspire *before* a place is offered:

What difficulties is the young person facing at school?

What interventions have been tried and what has worked well with the young person in school?

What does not work well for the young person?

What do you feel are the triggers for this young person?
What experience does the young person have in sports?
What do they enjoy in their free time?
What agencies are involved with this young person? Please provide contact details:
What are the safeguarding concerns for this young person? (If any)
What is attendance of the pupil in the last academic year? Will this young person require travel arrangements made for them to attend the provision?
What other information is relevant?

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If the young person has an EHCP, please make contents of this available so we can support/meet their needs.

By signing below, the person/school that is making the referral acknowledges that EVJ Aspire is not the sole educator for the child that is being referred. The person/school making the referral agrees to ensure that education is provided whilst the child is not attending EVJ Aspire.

Signed

Date

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Parental Consent & Acceptance of Risk Form

Dear Parent/Guardian,

Your child has been referred to EVJ Aspire CIC. We require your consent to allow your child to take part in the activities offered under the supervision of our qualified and experienced staff.

The curriculum at EVJ Aspire CIC, we teach vocational skills and qualifications in Hairdressing and Beauty Therapy. Alongside work and life skills. During this time, your child will be learning/working within our salon simulated environment using heated and electrical equipment. They must be physically competent to take part in salon skills sessions. All staff have, and fully accept, a duty of care to make our sessions as safe as is reasonably practical. As a result, accidents can happen without any contributory negligence from EVJ Aspire or its staff. Your child must therefore help our staff to look after their safety by listening carefully to instructions during practical sessions. EVJ Aspire can accept no responsibility for loss of or damage to personal property, however personal lockers are provided.

There may be times where students carry out treatments on each other or members of the public. Such as shampooing, curling hair or applying basic make up. This is a crucial part of their skills progression. This is always completed under observation of staff and is a requirement at EVJ Aspire. *Skin tests will be actioned before any application of products and no treatments provided/received are permanent or invasive treatments- such as hair colouring, hair cutting, waxing.

EVJ Aspire CIC Pupil Waiver and Release Form

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I, the undersigned, am the parent or legal guardian of the child named below, and I hereby acknowledge and agree to the following terms and conditions in consideration for allowing my child to participate in the practical sessions in the salon environment.

Pupil's Information:

- Child's Full Name: _____
- Date of Birth: _____
- Gender: _____
- Parent/Legal Guardian's Full Name: _____

Assumption of Risk: I understand that participation salon practical skills can involve risks, including the risk of injury. I, on behalf of my child, voluntarily accept and assume all such risks.

Physical Health: I certify that my child is in good physical condition and has no medical conditions that would prevent their participation in salon practical skills. I agree to inform EVJ Aspire of any changes to my child's health status.

Training and Instruction: I understand that salon training involves some physical aspect using heated and electrical equipment (such as curling irons) and I agree to ensure that my child follows all safety guidelines and instructions provided by the EVJ Aspire staff. I understand that my child will be performing treatments on other students and members of the public. I give consent that my child is not only able to perform the treatments on others, but receive them from other students. *skin tests will be actioned before any application of products and no treatments provided/received are permanent treatments- such as hair colouring, hair cutting.

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Release of Liability: I, on behalf of my child, hereby release, discharge, and hold harmless EVJ Aspire, its owners, employees, and agents from any and all claims, liabilities, demands, actions, or causes of action, whether for personal injury, property damage, or otherwise, arising out of or in connection with my child's participation in training at the EVJ Aspire.

Photography and Video Release: I grant EVJ Aspire CIC the right to take photographs and videos of my child during training sessions for promotional and marketing purposes. I waive any right to inspect or approve the use of such materials. If **do not** wish your child's image to be used in the promotion of the EVJ Aspire, please tick here.

Code of Conduct: I agree to ensure that my child adheres to the EVJ Aspire behaviour policy and treats staff, and fellow participants with respect and courtesy. I accept that failure to follow instructions could result in the removal of my child from the programme without warning (if necessary).

I have read and understand the terms of this waiver and release form on behalf of my child. I acknowledge that I am voluntarily signing this document and agree to be bound by its terms.

Parent/Legal Guardian's Signature: _____

Date: _____

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