



Health Referral Form

SECTION 1 – SERVICE USER DETAILS			
Surname:		Title:	
Forename(s):		Contact Number:	
Date of Birth:		Email:	
Address:		Essex area:	Choose an Area
SECTION 2 – REASON(S) FOR REFERRAL			
This referral has been submitted for the following primary reason(s):			X
Socially Isolated			
To support Mental Health & Wellbeing			
To support Healthy Living			
To support Long Term Condition Management			
Other: <i>(Please enter the reason below)</i>			
SECTION 3 – COURSE DETAILS (OPTIONAL)			
	Course Code	Course Title	Area
First Choice			Choose an ACL Centre
	Course Code	Course Title	Area
Second Choice			Choose an ACL Centre
SECTION 4 – REFERRAL INFORMATION			
<i>We aim to provide additional learning support for adults with learning difficulties/disabilities, physical and mental health difficulties/disabilities where required. This may be by providing resources and equipment or support from learning support assistants. Please provide further detail if the Service User requires additional support during the course.</i>			
SECTION 5 - RESIDENCY STATUS			
<i>Please note: Service Users who have not been lawfully resident in the UK or the EEA for 3 years prior to the beginning of their course will not be eligible for an ACL FREE course health referral.</i>			

Has the Service User been lawfully living in the UK for the last three years, or has EEA settled status or eligible immigration status? (excluding holidays)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the Service User born in the UK, or do they have citizenship (hold a British passport) of the UK, or do they have evidence of settled status in the UK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION 6 – REFERRER’S DETAILS <i>This section must be completed in full before the referral is sent to ACL Essex</i>		
Name:		Tel No:
Email Address:		Date:
Referrer’s Declaration I have discussed this referral and the reasons for it in full with the named Service User. I confirm that I understand that the full content of this referral will be shared with Student Services so that they can facilitate the enrolment and record the referral.		Yes / No* <i>*Delete to confirm</i>

What happens next?

Completed referral forms should be emailed to acfamilylearning@essex.gov.uk and marked confidential. The Service User will then be enrolled onto their first or second choice course and will be sent confirmation via email or their residential address. If for any reason both course choices are at full capacity, ACL will contact the referrer with alternative courses.

A report of enrolments will be shared with the referring partner if required, for the purposes of tracking referrals, evaluation and impact. This will include learner name and course details.

ACL Privacy Statement	
<p>Adult Community Learning (ACL) on behalf of Essex County Council (ECC) is collecting your personal information in order to register you on a course and to be able to inform you of any changes to the course. This information will be shared with the Education & Skills funding agency, as well as the learner record service in order to obtain a Unique Learner Number; Ofsted may request learner information during an inspection. This information may also be shared with a student financial support company for the purpose of processing payments. We will also share your contact information with an ACL contracted company who may contact you for education and employment related outcomes. In the event of a Safeguarding or Prevent concern information may also be shared with additional third parties. For more information please visit http://www.essex.gov.uk/privacy-notice/education/Pages/Adult-Community-Learning.aspx</p>	

-----ACL Admin Use Only-----

Student Services Authorisation				
Name: (Block Caps)		Signature:		Date: