**Supporting information for case work**

**Education, Employment and Training Case Work Team**

**& Virtual School**

**Your Name & contact details:…………………………………………………………………………**

|  |  |  |
| --- | --- | --- |
| Name of young person: | Date of Birth: | Address: |
| Previous school/collegeEmployment/training (if known):  | Qualifications/exams taken (if known): | Contact phone number: it helps to know how someone prefers to be contacted i.e. phone, text, via parent/carer. Please let us know |
| Does this person have an EHCP (education, health care plan)? | Is this person classified as looked after by the Local Authority? | What other agencies are working with this person (if known)? |
| How long has this person been out of education/employment & training (NEET). | Do you have consent from person to request NEET case work support? | Please tell us about any barriers/challenges this person faces i.e. housing, finance, emotional needs, mental health etc.  |
| Are there any risks we should be aware of? | Any other information you would like to add?  |

If this young person is NOT in education, employment and training please email to eetreferrals@oxfordshire.gov.uk

or

If this young person is an Oxfordshire Care Leaver please email to VirtualSchool.LAC@Oxfordshire.gov.uk