



Short Referral / Triage Form

This form helps The SAMEE Charity assess whether a supported self-employment internship may be suitable. If appropriate, we will follow up to request further information.

Section 1: Education Provider Details

Name of Educational Setting

Contact Name

Role

Email Address



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Section 2: Young Person Overview

Young Person's Initials

Age

Local Authority

EHCP Status

EHCP in place

Under assessment

No EHCP

Section 3: Snapshot of Needs

Primary areas of need (brief overview)

Section 4: Interests & Aspirations

What does the young person enjoy or show strengths in?

Interest in self-employment or independent work

Yes

Unsure

Not yet

Section 5: Preparing for Adulthood – Key Focus

Employment / vocational skills

Confidence & independence

Emotional wellbeing

Community participation

Transition from education

Section 6: Suitability at a Glance

Why may this pathway suit the young person?

Section 7: Consent

Has the young person (and parent/carer where appropriate) been informed about this referral?

Yes

No