Start2Study – Referral Form

For use by support workers, Jobcentre staff, key workers, or community partners

Referrer Details

- **Full Name:** _____
- **Organisation/Agency Name:** _____
- **Job Title/Role:** _____
- **Email Address:** _____
- **Phone Number (optional):** _____
- **Date of Referral:** ___ / ___ / _____

Student (Client) Details

- **Full Name:** _____
- **Preferred Name:** _____
- **Date of Birth:** ___ / ___ / _____
- **Phone Number:** _____
- **Email Address:** _____
- **Preferred Contact Method:** □ Phone □ Email □ WhatsApp
- **Nationality/Citizenship:** _____
- **Current UK Immigration Status (if applicable):** _____
- **Currently Living in the UK?** □ Yes □ No
- **Settled Status (if international)?** □ Yes □ No □ Not Sure

Education & Goals (Optional, if known)

- **Highest Qualification Achieved:** _____
- **Interested Subject Area(s):** _____
- **Looking to Study:**
  □ Foundation □ Undergraduate □ Postgraduate □ PhD
  □ Not Sure Yet
- **Preferred Study Start Date:**
  □ As soon as possible
  □ Next intake
  □ Specific month: _____

Support Needs / Background (Optional but helpful)

- Any known **barriers to education** (e.g., mental health, criminal record, housing, trauma)?
- Does the student need help with English language preparation or a visa?
  □ Yes □ No □ Not sure
- Any specific requests or notes for our team?

Consent

□ I confirm the student/client has given permission to be contacted by Start2Study.

□ I understand this information will be stored securely and used only for educational support.

Referrer Signature: _____ **Date:** ___ / ___ / _____

Submit This Form

- **Email to:** apply@start2study.org