

Sussex Music Tuition Referral Form

Name	First:	Last (Or Initial):
Age/DOB		
Social Worker	Name: Email:	Tel:
Emergency Contact <small>(Email is used for sending reports to. Young Person will only be referred to by initials only in all correspondence from SMT)</small>	Name: Email:	Tel:
Area(s) Of Interest:		
Access to equipment relevant to interest? (I.e. own a guitar / software etc)		
Risks that Tutors should be aware of:		
Safeguarding Lead (In the event of YP raising a concern)		
Current Education Provider / Course		
Preferred Time Slot (Subject To Availability)	Early (11-2) Mid (3-5) Late (6-9)	

Office Use Only:	Fees Paid By:
Accepted Y/N	Start Date / /