|  |  |
| --- | --- |
|  | **Student Referral Form** |

Please give as much information on this form as possible. If you feel that additional, unrequested information would be useful for us, please email any additional document(s) when returning this referral form. All documents, including this form, should be sent securely or password protected.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please put an ‘X’ in the relevant box below, to indicate what type of referral you are making** | | | |
| **Engagement & Education Package** |  | **Accompanied Work Placement** |  |

|  |  |
| --- | --- |
| **Date of Referral** |  |

**REFERRER’s DETAILS**

|  |  |
| --- | --- |
| **Name of Establishment** |  |
| **Named Point of Contact** |  |
| **Job Title** |  |
| **Department Name** |  |
| **Contact Number(s)** |  |
| **Email Address** |  |
| **Physical Address** |  |
| **Preferred Initial Emergency Contact\*** |  |
| **Initial Emergency Contact Details\*** |  |

**STUDENT’s DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student’s First Name** |  | | **Student’s Surname** |  |
| **Unique Pupil Number (UPN)** |  | | | |
| **Gender** |  | | | |
| **Date of Birth** |  | | **Age** |  |
| **Religion** |  | | | |
| **Ethnicity** |  | | | |
| **Language(s) Spoken** |  | | | |
| **Current Address** |  | | | |
| **Telephone Number** |  | | | |
| **Living with:** (Parents / Carers) |  | | | |
| **Does the Student belong to any of the following vulnerable groups?**  Insert ‘Y’ next to all that apply |  | Looked After Children | | |
|  | Unable to attend school because of medical needs | | |
|  | Gypsy/Traveller Children | | |
|  | Children of asylum seekers or unaccompanied minors | | |
|  | Young Carers | | |
|  | School Refusers | | |
|  | Teenage Parents | | |
|  | Young Offenders | | |
|  | Pupil Premium | | |
|  | Free School Meals | | |

**PARENTS / CARERS / AUTHORITY’s DETAILS**

|  |  |
| --- | --- |
| **Parents / Carers’ Name** |  |
| **Relationship to Student** |  |
| **Contact Number(s)** |  |
| **Email Address** |  |
| **Physical Address** |  |
| **Other Specific Contact Details** |  |

|  |  |
| --- | --- |
| **Carer’s Agency Name** (if applicable) |  |
| **Contact Name** |  |
| **Contact Number(s)** |  |
| **Email Address** |  |
| **Out of Hours Contact Details** |  |

|  |  |
| --- | --- |
| **Social Worker Name** (if applicable) |  |
| **Socials Worker’s Local Authority** |  |
| **Contact Number(s)** |  |
| **Email Address** |  |
| **Out of Hours Contact Details** |  |

|  |  |
| --- | --- |
| **Authority’s Name** (if applicable) |  |
| **Contact Name** |  |
| **Contact Number(s)** |  |
| **Email Address** |  |
| **Out of Hours Contact Details** |  |

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| **If the student has the involvement of a multi-disciplinary team (i.e. CAF, TAC, TAF) please give name and contact details of the case coordinator.** |  |

**IN LOCO PARENTIS**

|  |  |  |
| --- | --- | --- |
|  | **‘Y’ = Agree** | **‘N’ = Disagree** |
| **We/I agree to an Education Specialist providing the student with basic first aid treatment for minor cuts/scrapes.** In the event of an emergency or when in doubt, Education Specialists have been instructed to contact the emergency services. |  |  |
| **We/I agree to company name providing sessions that may take place in multiple venues and include activity based learning and transportation to and from sessions. Full risk assessments are carried out for all venues and activities.** |  |  |
| **We / I agree to photographs and videos being taken of the student (with their permission) to mark progress and achievement for each student’s portfolio.** These will not be given to third parties; nor will they be used for promotional purposes. |  |  |
| **We/I confirm that we have the authority to give parental consent.** |  |  |

**EDUCATIONAL INFORMATION—CURRENT or MOST RECENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current/Most Recent Education Provision** |  | **Still on roll?** Y/N |  |
| **Address** |  | | |
| **Time Period at Provision** (dates) |  | **Leaving date** |  |
| **Named Point of Contact** |  | | |
| **Reason for leaving** |  | | |
| **Contact Number(s)** |  | | |
| **Email Address** |  | | |
| **Student’s Record of Attendance** (%) |  | | |
| **Student’s Engagement** |  | | |

|  |  |  |
| --- | --- | --- |
| **Student’s Current Year Group** | |  |
| **Student’s Current Key Stage** | |  |
| **Academic Attainment** | | Formative Assessment |
|  | **Literacy/ English** (date) |  |
|  | **Numeracy/ Maths** (date) |  |
|  | **Science/ Humanities** (date) |  |
|  | **Computing** (date) |  |
|  | **Other subjects, including PSHE** |  |
| **Reading Age** (date) | |  |
| **Spelling Age** (date) | |  |

|  |  |
| --- | --- |
| **Details of any Qualifications / Courses in progress:**  (exam board, course code, predicted grade, coursework, exam date) |  |
| **Details of Long-term Education and Career Plans** (CEIAG) |  |
| **Details of Statement of Special Educational Needs & Disabilities (SEND) / Education Health & Care (EHC) Plan.** (If an EHC Plan has been proposed, please give further details, including dates) |  |

**EDUCATIONAL INFORMATION—PREVIOUS**

|  |  |
| --- | --- |
| **Previous Education Provision** |  |
| **Address** |  |
| **Time Period at Provision** (dates) |  |
| **Reason for Leaving** |  |
| **Student’s Record of Attendance** (%) |  |

**HEALTH & CARE INFORMATION**

|  |  |
| --- | --- |
| **Known Allergies** |  |
| **Known Medical Conditions** |  |
| **Known Mental Health Conditions** |  |
| **Known Disabilities** |  |
| **Regular Medication** |  |
| **Special Dietary Requirements** |  |
| **Special Disability Requirements** |  |
| **Details of Other Professional Agencies Involved** |  |
| **Specific details on the student’s current medical, physical, emotional and mental health.** Include details on any personalised support in place (e.g. weekly meetings with YOS, CAMHS, LAC Review, Connexions PA, Teenage Pregnancy Coordinators, etc.). | |
|  | |

**REINTEGRATION PLAN**

The Company provides interim education provision for vulnerable students. It is therefore important that the Commissioner identifies at time of referral the reintegration pathways that are being explored.

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| --- | --- | --- | --- | --- | --- | --- |
| **Please indicate which of the following categories best defines the student’s current situation:** | Fixed-term exclusion |  | Missing education | | |  |
| Permanent exclusion |  | Transitioning between settings | | |  |
| Long-term disengaged |  | Other | | |  |
| **Intended School / AP** | Mainstream | |  | **Please provide approximate date for Annual Review:**  (if relevant) (MM/YYYY) |  | |
| Mainstream within specialist unit | |  |
| Specialist setting | |  |
| Other | |  |
| **Anticipated Time-scale** | Less than 6 weeks |  | **Target date for Follow up Review or Reintegration:** (MM/YYYY) | |  | |
| Between 6 and 12 weeks |  |
| More than 12 weeks |  |

**PROVISION REQUIRED**

|  |  |
| --- | --- |
| **Desired Start Date** |  |
| **Hours per Day** |  |
| **Days per Week** |  |
| **Total Hours per Week** |  |
| **Desired Day(s) of Sessions** |  |
| **Desired Session Times** |  |

**REASONS FOR REFERRAL** **AND DESIRED OUTCOMES**

|  |
| --- |
| **Please state the reasons for referring this student to Fresh Start in Education and what the student needs to achieve to succeed in this placement.** |
|  |

**INTERESTS & ABILITIES**

|  |
| --- |
| **Please state any Interests, Special Abilities and Hobbies the student has.** |
|  |

**SOCIAL, EMOTIONAL & BEHAVIOURAL NEEDS**

|  |
| --- |
| **Please state any Behavioural Issues of which the Education Specialist should be aware.** Include details of known triggers and successful methods of dealing effectively with the student. |
|  |

**EDUCATIONAL NEEDS**

|  |
| --- |
| **Please state your assessment of the student’s educational needs.** |
|  |

**ADDITIONAL INFORMATION**

|  |
| --- |
| **Please provide any further information that would be useful.**  A brief summary of the student’s history, social and emotional needs would be helpful. |
|  |

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| **Please provide full information regarding any risky behaviour of which the Education Specialist and Fresh Start in Education should be aware.** Please also use the **checklist** that follows to identify key risks. | |
|  | |
| **If you are attaching a copy of a risk assessment document with this referral, insert a ‘Y’ here:** |  |

**RISKS ASSOCIATED WITH THE STUDENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is this Student at Risk from:** | | ‘**Y**’ = ‘**Yes**’ | **Details** | Level of Risk (High, Med, Low) | Strategies to minimise risk |
|  | **Family Members associating with them** |  |  |  |  |
|  | **Adults associating with them** |  |  |  |  |
|  | **Children / Young People associating with them** |  |  |  |  |
|  | **Sexual Exploitation** |  |  |  |  |
|  | **Criminal Activity** |  |  |  |  |
|  | **Gangs** |  |  |  |  |
|  | **Radicalisation** |  |  |  |  |
|  | **Internet / Social Media / Mobile Phone usage** |  |  |  |  |
|  | **Female Genital Mutilation** |  |  |  |  |
|  | **Other** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is this Student Known to:** | | ‘**Y**’ = ‘**Yes**’ | **Details** | Level of Risk  (High, Med, Low) | Strategies to minimise risk |
|  | **Abscond** |  |  |  |  |
|  | **Self-harm** |  |  |  |  |
|  | **Misuse Substances** (Including Smoking) |  |  |  |  |
|  | **Deal Drugs** |  |  |  |  |
|  | **Be Part of a Gang** |  |  |  |  |
|  | **Radicalise Others** |  |  |  |  |
|  | **Steal Items** |  |  |  |  |
|  | **Abuse or Cause Injury to Family Members** |  |  |  |  |
|  | **Abuse or Cause Injury to Others** |  |  |  |  |
|  | **Threaten Others** (Including Bullying) |  |  |  |  |
|  | **Sexually Exploit Others** |  |  |  |  |
|  | **Make False Allegations** |  |  |  |  |
|  | **Damage Property Maliciously** |  |  |  |  |
|  | **Commit Criminal Acts**  (Including Arson and use of Weapons) |  |  |  |  |
|  | **Be Excluded/Barred from Certain Venues/Areas** |  |  |  |  |
|  | **Have Issues with Travelling** |  |  |  |  |
|  | **Have Difficulty with Anger/Emotion Management** |  |  |  |  |
|  | **Abuse Internet / Social Media / Mobile Phone usage** |  |  |  |  |
|  | **Exhibit Other Health & Safety Concerns** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is/Are There:** | | ‘**Y**’ = ‘**Yes**’ | **Details** | Level of Risk | Strategies to minimise risk |
|  | **Smoking Within the Home** |  |  |  |  |
|  | **Any Household Pets** |  |  |  |  |
|  | **Health & Safety Hazards in the Student’s Home** |  |  |  |  |

**FEES & FUNDING**

\* See the attached quote

|  |  |
| --- | --- |
| **Funding Provided By** |  |
| **Named Point of Contact** |  |
| **Contact Number(s)** |  |
| **Email Address** |  |
| **Invoice Address** |  |
| **Details of any specific arrangements** |  |

**AUTHORISATION**

|  |  |  |
| --- | --- | --- |
| **I confirm that I have received the company name Terms of Business and Fee Structure. Should this referral become an active placement, I agree to these terms and fees.** | | |
| **Authorised Signature** |  |
| **Authorised Name** |  |
| **Authorised Position** |  |
| **Date** |  |
| **On Behalf of the Commissioning Body** |  |