

Pupil Admissions & Referral Form

Please give as much information on this form as possible. Please pay attention to health and safeguarding restrictions/requirements. If you feel that additional, unrequested information would be useful for us, please make reference to it in the 'Commissioner's Comments' box at the end of the form and email the separate document(s) (if applicable) when returning this referral form.

Date of Referral	
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REFERRER'S DETAILS

Name of Establishment	
Named Point of Contact	
Job Title	
Department Name	
Contact Number(s)	
Email Address	
Physical Address	
Preferred Initial <u>Emergency Contact</u>*	
Initial Emergency Contact Details*	

PUPIL'S DETAILS

Pupil's First Name		Pupil's Surname	
Unique Pupil Number (UPN)			
Gender			
Date of Birth		Age	
Religion			
Ethnicity			
Language(s) Spoken			
Current Address			
Telephone Number			
Living with: (Parents / Carers)			
		Looked After Children	
		Unable to attend school because of medical needs	

Does the Pupil belong to any of the following vulnerable groups? Insert 'Y' next to all that apply	<input type="checkbox"/>	Gypsy/Traveller Children
	<input type="checkbox"/>	Children of asylum seekers or unaccompanied minors
	<input type="checkbox"/>	Young Carers
	<input type="checkbox"/>	School Refusers
	<input type="checkbox"/>	Teenage Parents
	<input type="checkbox"/>	Young Offenders
	<input type="checkbox"/>	Pupil Premium
<input type="checkbox"/>	Free School Meals	

PARENTS / CARERS / AUTHORITY'S DETAILS

Parents / Carers' Name	
Relationship to Pupil	
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	

Parents / Carers Involvement. Please provide details of discussion held with parents/carers and their views in regards to this referral.	
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If the pupil has the involvement of a multi-disciplinary team (i.e. CAF, TAC, TAF) please give name and contact details of the case coordinator.	
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IN LOCO PARENTIS

	'Y' = Agree	'N' = Disagree
We/I agree to an Education Specialist providing the pupil 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 Brooke & Taylor Consultancy Ltd providing planned visits throughout the provision, including transportation to and from an activity. Full risk assessments are carried out for all venues and activities.		
We / I agree to photographs and videos being taken of the pupil (with their permission) to mark progress and achievement for each pupil's portfolio. These will not be given to third parties; nor will they be used for promotional purposes.		

EDUCATIONAL INFORMATION - CURRENT

Current Education Provision	
Address	
Time Period at Provision (dates)	
Named Point of Contact	
Contact Number(s)	
Email Address	
Pupil's Record of Attendance (%)	
Pupil's Engagement	

Pupil's Current Year Group	
Pupil'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	
Pupil'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 pupil'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

What are the Plans to Reintegrate this Pupil?	
Details of Intended School / AP	
Anticipated Timescale (weeks / by date)	

PROVISION REQUIRED

Desired Start Date	
Hours per Day	
Days per Week	
Total Hours per Week	
Duration of the Provision (in weeks)	
Target Date for Follow-up Review	
Desired Day(s) of School	
Desired School Times	

REASONS FOR REFERRAL AND DESIRED OUTCOMES

Please state the reasons for referring this pupil to Brooke & Taylor Consultancy Ltd and what the pupils needs to achieve to succeed in this placement.
<ul style="list-style-type: none"> •

INTERESTS & ABILITIES

Please state any Interests, Special Abilities and Hobbies the pupil has.

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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 pupil.

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EDUCATIONAL NEEDS

Please state your assessment of the Pupil's educational needs.

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ADDITIONAL INFORMATION

Please provide any further information that would be useful. A brief summary of the pupil's history, social and emotional needs would be helpful.

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RISK ASSESSMENT

Please provide full information regarding any risky behaviour. Please also use the checklist that follows to identify key risks.

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If you are attaching a copy of a risk assessment document with this referral, insert a 'Y' here:

RISKS ASSOCIATED WITH THE PUPIL

Is this Pupil at Risk from	'Y' = 'Yes'	Details	Level of Risk (High, Med, Low)	Strategies to minimise risk
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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 Pupil 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)				
Be Excluded/Barred from Certain Venues/Areas				
Have Issues with Travelling				
Have Difficulty with Anger/Emotion Management				

Exhibit Other Health & Safety Concerns				
Abuse Internet / Social Media / Mobile Phone usage				

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 Pupil's Home				

FEES & FUNDING

See the attached 'Fee Structure' and 'Terms of Business'

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 Seva Independent School 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	

<p>Following receipt of this Pupil Referral, Brooke Taylor Consultancy Ltd will:</p> <ol style="list-style-type: none"> Where appropriate, conduct a meet and greet with the young person usually within 1 -14 days* (dependent on availability). After the completion of this form and on agreement with the Commissioning Body, Seva Independent School will match a suitable Education Specialist and the provision will usually commence within 1 – 7 days*.

3. Liaise directly with the parents/carers, school and Commissioner to confirm the timetable.
4. Provide Evaluations of the pupil's progress to the Commissioning Body.
5. Only accept referrals and commission work in accordance with our standard Terms of Business.

*Timescales may vary depending on the needs of the pupil, Education Specialist availability and timetabling constraints.