**Referral Form 2021-2022**

**Referring School**

|  |  |
| --- | --- |
| **Current School** |  |
| **Address** |  |
| **Named School contact** |  |
| **School Safeguarding DSL** |  |
| **Tel. No** |  | **Email** |  |

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Gender** | MALE / FEMALE |
| **ULN** |  | **Free School Meals Entitlement** | YES / NO |
| **Date of Birth** |  | **Pupil Premium** | YES / NO |
| **Current School Year (as of Sept 21)** |  | **Does Pupil have Confidential File?** | YES / NO |
| **Previous year’s school attendance %** |  |  |  |
| **Home Address:** |
| **Pupil Tel. No.** |  |  |  |

|  |
| --- |
| **Ethnic origin** |
| Asian/Asian British – (AB) |  | Mixed – White and Asian (MWA) |  |
| Asian/Asian British – Indian (AI) |  | Mixed- White and Black African (MWA) |  |
| Asian/Asian British – Pakistani (AP) |  | Mixed – White and Black Caribbean (MWC) |  |
| Asian/Asian British – any other (AO) |  | White – British (WB) |  |
| Black/Black British – African (BA) |  | White – Irish (WI) |  |
| Black/Black British – Caribbean (BC) |  | White – any other (WO) |  |
| Black/Black British – any other (BO) |  | Other – (O) Please specify |  |

|  |
| --- |
| **Living Status** |
| With Parents (WP) |  | Care Home (CH) |  |
| Local Authority Care (LA) – Including fostered through Local Authority |  | Adopted or Placed for Adoption (A) |  |
| Fostered – Private fostering arrangement (FPF) |  | Lives with Relative (LWR) i.e Grandparent, Aunt, Uncle, Sister, Brother, Step Parent |  |
| Other – Please specify (O) |  |

**Parent / Carer Information**

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **If carer, what is their relationship to the student?** |  |
| **Address** |  |
| **Tel. No.** |  | **Email** |  |

**Second Emergency Contact**

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **If carer, what is their relationship to the student?** |  |
| **Address** |  |
| **Tel. No.** |  | **Email** |  |

**Medical Needs** *(please provide details)*

|  |  |
| --- | --- |
| **Medical** |  |
| **Medical (2)** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Accessibility Issues** |  |

**Attendance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance****(%)** | **Authorised Absence****(%)** | **Unauthorised Absence** **(%)** | **Date of last Attendance** | **Is the student expected to attend 5 days/week?** |
|  |  |  |  |  |
| **If no, please provide further details:** |  |
| **EWO Involvement** |  | If yes, please provide contact details |
| **Name** |  | **Tel. No.** |  |

**Education Profile**

 **Student’s prior attainment (Please ensure correct key stage data is entered)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **English**  | **Maths** | **Science** |
| **Key Stage 2** |  |  |  |
| **Key Stage 3**  |  |  |  |
| **Key Stage 4 (Functional Skills Data) – Level Working At:** |  |  |  |
| **Key Stage 4 (GCSE Data) - (Level Working At:** |  |  |  |
| **A FULL academic record and any testing results should also be sent with referral form if available.** |

**SEND Profile**

Please enter Y in the boxes that apply to the student

|  |  |  |
| --- | --- | --- |
| N |  No Special Educational Need  |  |
| A |  School Action or Early Years Action  |  |
| P |  School Action Plus or Early Years Action Plus  |  |
| S |  Statement  |  |
| Q |  School Action Plus and Statutory Assessment  |  |
| E |  Education Health and Care Plan  |  |
| K |  SEN Support  |  |

**Please provide details of the student’s:**

|  |  |
| --- | --- |
| **Primary Need** |  |
| **Secondary Need** |  |
| **IEP or School’s equivalent** | YES / NO | If yes please attach |
| **Does the student have a specific diagnosis?**(e.g. ADHD, ASD, Epilepsy, Dyslexia) **If yes please specify below.** | YES / NO |
|  |

|  |  |
| --- | --- |
| **Does pupil have any access arrangements in place?**  | YES / NO |
| Please provide details of any access arrangements for examination purposes…. |
| **Does the pupil have any normal working practices in lessons or assessments?** |
|  |

**Social Profile**

|  |  |  |
| --- | --- | --- |
| **Is the student open to social care?** | YES / NO | If yes, please provide contact details |
| **Name** |  | **Tel. No** |  |
|  |
| **Does the student have a CAF?** | YES / NO | If yes, please provide contact details |
| **Name:** |  | **Tel. No.** |  |
|  |
| **Is there an active team around the child process?** | YES / NO | If yes, please provide contact details |
| **Name of Lead Professional:** |  | **Email** |  |
|  |
| **Family Overview** (i.e. Position of child in relation to siblings, parental details etc.) |  |

**Other Agency Involvement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Current** | **Expired** | **Contact Name** | **Email** |
| **YOT** |  |  |  |  |  |
| **Police** |  |  |  |  |  |
| **CAMHS** |  |  |  |  |  |
| **Priority Families** |  |  |  |  |  |
| **CGL** |  |  |  |  |  |
| **Other** (state) |  |  |  |  |  |
| **Does the student have any outstanding offences (pending court cases) YES / NO**  |
| **If so, please provide further information here:** |

**Current Status**

|  |  |
| --- | --- |
| **Does the student fall in to a vulnerable group?** | **YES / NO** |

**Click on boxes to add crosses where appropriate.**

Young Carer [ ]  Teenage Parent [ ]  School Refuser [ ]

Young Offender [ ]  Traveller Child [ ]  Child of Asylum Seeker [ ]

1. **Reason for Referral**

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| **N.B. Please provide specific reasons for the referral** |
|  |
| **Known Triggers:** |
|  |
| **Known Strengths:** |
|  |
| **Known Barriers:** |
|  |
| **Details of the student’s interests and aspirations:**  |
|  |

**Details of school permanently excluded from if applicable:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **Reason for Exclusion** | **Date of Exclusion** | **Year pupil was in when excluded** |
|  |  |  |  |
|  |  |  |  |

**Exclusion history over last 12 months**

|  |  |  |
| --- | --- | --- |
| **Dates of exclusion** | **Length of exclusion****(days)** | **Reason for exclusion** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- | --- |
| **Does the student have a Risk Assessment in place?** | YES / NO | If yes, please attach |

1. **Provision Details**

|  |  |
| --- | --- |
| **Course/s Required** |  |
| **Type** (please select) | Full time / Part time **Starting from Date:** |
| **Preferred Day(s)** (please select) | Monday | Tuesday | Wednesday | Thursday | Friday |

1. **Main Qualifications required**

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**If the referral to FUEL is on a part time basis, please indicate other qualifications that the pupil is doing elsewhere.**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification / Subject | Level | Delivered by:) Other Provision Name) | Predicted Grade: |
|  |  |  |  |
|  |  |  |  |
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| **Progression Expectations:** All young people are expected to progress onto the appropriate next stage whether this is a re-integration back in to mainstream school, further training, college or work-based placements. |
| **The school must indicate what they require next stage of progress to be below:** |
|  |