

**The Heights Alternative Provision Referral Form**

**All sections must be completed before the application is processed. Failure to do so will slow down the referral.**

**It is important that all documents (including the Boxall Profile) are completed.**

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| **Details of Young Person** | | | |
| First Name (s) |  | Gender | Male/Female |
| Surname |  | | |
| Ethnicity |  | | |
| First Language |  | | |
| Religion |  | | |
| Referral date |  | | |
| UPN |  | | |
| ULN |  | | |
| Date of birth |  | | |
| Year group |  | | |
| Free school meals | Yes/No (Please delete as appropriate) | | |
| Full home address including postcode |  | | |
| Telephone Number |  | | |
| Mobile Number |  | | |
| Work Number |  | | |
| Parent/Carer email address |  | | |

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| **Parent/Carer details** | | | |
|  | **1st Contact** | **2nd Contact** | **3rd Contact** |
| First Name |  |  |  |
| Surname |  |  |  |
| Relationship to pupil |  |  |  |
| Telephone Number |  |  |  |
| Address if different to pupil |  |  |  |

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| **Referring School** | | | |
| Name of school |  | | |
| School contact | Safeguarding | Behaviour | Attendance |
| Name |  |  |  |
| Position |  |  |  |
| Telephone Number |  |  |  |
| Email |  |  |  |
| Exclusions | Yes/No | | |
| Attendance % |  | | |
| Number of days |  | | |
| Authorised Absence % |  | | |
| Number of occasions |  | | |
| Unauthorised Absence |  | | |
| **Please give details of any EWO input** | | | |

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| **Type of referral** |
| Year 1 🞏 Year 2 🞏 Year 3 🞏 Year 4 🞏 Year 5 🞏 Year 6 🞏  Year 7 🞏 Year 8 🞏 Year 9 🞏 Year 10 🞏 Year 11 🞏 |
| Reason for referral (please provide as much details as possible)  Has the pupil attended any other Alternative Provision? Yes/No  Eg: Hendon Brook/Coal Clough Academy/The Heights, Blackburn  If yes, please give details (incl dates of attendance, fixed term exclusions etc): |
| Home situation (if relevant please explain) |
| Is the pupil subject to a Child Protection Plan? Yes/No  If Yes, please give details. |
| Is the pupil a looked after child? Yes/No  If Yes, please give details. |

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| Name of Social Worker |  |
| Telephone Number |  |
| Local Authority |  |
| Is the young person a CIN? Yes/ NO  Does the young person have a CAF? Yes/No  If Yes, please give details below. | |
| Name of lead professional | |
| Organisation | |
| Contact Details | |
| Agencies Involved   |  |  |  |  | | --- | --- | --- | --- | |  | ✓ | Date of involvement | Named contact and telephone number | | No agency involvement |  |  |  | | ELCAS |  |  |  | | Children services and social care |  |  |  | | Midwife/consultant |  |  |  | | Complex Needs Team |  |  |  | | Education Psychologist |  |  |  | | YOT |  |  |  | | Engage |  |  |  | | Lifeline |  |  |  | | Young Carers |  |  |  | | NSPCC |  |  |  | | Other |  |  |  | | Give Relevant details of any current involvement of the above. | | | | | |

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| **Academic** |
| End of Key stage attainment:  EYFS (GLD)  Key stage 1/2 Reading  Writing  Maths  Science |
| Key stage 3 Reading  Writing  Maths  Science |
| Key stage 4 English  current attainment Maths  Science |
| Reading Age |
| Spelling Age |
| CAT scores |
| Examination entries: |
| Please indicate if any of the following apply (delete those that do not apply)  EHCP/Additional Support in or out of class.  Does the pupil display any difficulties listed below?   |  |  | | --- | --- | | Main Needs | Secondary Needs | | Speech and language Yes/No |  | | Dyslexia Yes/No |  | | Dyspraxia Yes/No |  | | ASD Yes/No |  | | ADHD Yes/No |  | | Other  Please give details of diagnosis and applied strategies. |  |   If the student has a statement or EHCP, please provide the date of the meeting when this will be discussed with the SEN Officer:  Do parents have any concerns regarding any SEND issues? Yes/No  If yes, please give details: |
| **Medical Information** |
| Does the young person have any health issues that we need to be aware of? Yes/No  If yes, please give details: |
| Is the young person currently taking any medication? Yes/No  If yes, please give details: |
| Does the young person suffer from any allergies? Yes/No  If yes, please give details: |

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| **General Information** |
| Young person’s interests and hobbies  Please give details: |
| Courses interested in (Please tick)  Hair and Beauty 🞏  Sport and Leisure 🞏  Construction 🞏  Catering 🞏 |
| Have the young person’s parents/carers been contacted and are they in agreement with this referral?  Yes/No |
| Does the young person agree with the referral?  Yes/No  Comments |
| What are the intended outcomes of the placement? How will we know if the placement has been successful? |
| **Additional Documentation** |

1. 🞏 Copy of attendance record
2. 🞏 Up to date curriculum information (including coursework)
3. 🞏 Exclusion history with reasons
4. 🞏 Copies of EP reports, medical reports and information from other agencies.
5. 🞏 Copy of EHCP if appropriate
6. 🞏 Copy of TAF plans and contact details of lead professional

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| PROVIDER | THE HEIGHTS BURNLEY |
| REFERRING SCHOOL |  |
| SIGNED: Susannah Berry  Head teacher  The Heights, Burnley | Susannah Berry |
| SIGNED  Name  Position |  |
| DATE |  |







