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| **The Heights Blackburn Alternative Provision Referral Form** **All sections must be completed before the application is processed. Failure to do so will slow down the referral.**  |
| **Details of Young Person** |
| **First Name(s)**  |  | **Surname** |  |
| **Gender** |  | **Ethnicity** |  |
| **First Language** |  | **Religion** |  |
| **D.O.B** |  | **Year Group** |  |
| **Free School Meals** |  Yes No | **UPN** |  |
| **UCI** |  | **ULN** |  |
| **Preferred Start Date** |  |
| **Address Including Post Code** |  |
| **Telephone Number** |  |
| **Parent/Carer Details** | **1st Contact** | **2nd Contact** |
| **First Name** |  |  |
| **Surname (including title)**  |  |  |
| **Relationship to Young Person** |  |  |
| **Telephone Number** |  |  |
| **Address if different from pupil’s home** |  |  |

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| **SEND Information** |
| **Is the student on your SEND register?**  |  Yes No | **Does the student have an EHCP or equivalent?**  |  Yes No |
| **Has the student had any input from an Educational Psychologist?** |  Yes No | **Has the student received any additional support in or out of class?** |  Yes No |
| **Do parents have any concerns regarding any SEND issues?**  |  Yes No  | **Please include the contact details of your Sendco.** |  |
| **Main Needs** |
| **Does the Student display any difficulties concerning:**  |
| **Speech and Language****Dyslexia****Dyspraxia** | **ASD****ADHD****Other** |
| **Medical/Health Information** |
| **Does the student have any medical issues that we need to be aware of?** |  Yes No | **Is the student currently taking any medications?** |  Yes No  |
| **Safeguarding** |
| **Is the young person subject to a Child Protection Plan?**  |  Yes No  |
| **Safeguarding status:****(please give details)** |  CIOC CP CIN CAF |
| **Name of Social Worker**  |  |
| **Telephone Number/Email Address** |  |

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| **Referring School** |
| **Name of School**  |  |
| **Name**  |  |
| **Position**  |  |
| **Telephone Number**  |  |
| **Email**  |  |
| **% Attendance**  |  | **Has this student had exclusions?** | Yes No  |
| **% Authorised Absence**  |  | **Number of days** |  |
| **% Unauthorised** **Absence**  |  | **Number of occasions** |  |
| **Academic** |
| **Key Stage 2 results**  | Maths:English: | **CAT scores** |  |
| **Reading Age** |  | **Spelling Age** |  |
| **Reason for Referral (please explain)** |
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| **Home Situation (please explain)** |
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| **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 |

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| **Additional Documentation Required:**  | **Included – please tick**  |
| **1. Copy of Attendance record**  |  |
| **2. Latest Academic report** |  |
| **3. Exclusion history with reasons**  |  |
| **4. Copies of EP reports, medical reports and information from other agencies *if appropriate*** |  |
| **5. Copy of EHCP/IPRA *if appropriate***  |  |
| **6. Copy of TAF plans *if appropriate*** |  |

***Please Return Completed Forms to: enquiries@theheightsfreeschool.org***

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| PROVIDER  | THE HEIGHTS BLACKBURN with DARWEN  |
| REFERRING SCHOOL  |   |
| SIGNED: Gary Holding Headteacher The Heights Blackburn with Darwen  | Gary Holding  |
| SIGNED Name Position  |   |
| DATE  |   |