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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 |  |