**02 Initial Referral (Section A) and Admission form (Section B)**

**SECTION A** to be completed **prior** to placement being agreed

**SECTION B** to be completed when **placement has been agreed**

**Where relevant, cells have a variety of possible responses included colleagues should delete the information as applicable. All cells may be expanded.**

# SECTION A

|  |  |
| --- | --- |
| **STUDENT NAME** |  |
| **DATE OF BIRTH** |  |
| **School** |  |
| **Year group** |  |
| **School key contact name** |  |
| **School key contact role** |  |
| **School key contact telephone** |  |
| **School key contact email** |  |
| **ULN Number** |  |
| **% attendance at time of referral** |  |
| **SEND**  | NO KNOWN SENDSEND SUPPORTEHCP IN APPLICATIONEHCP IN YES TO ASSESS STAGEEHCP IN DRAFTEHCP IN PLACE |
| **If the YP has an EHCP, have the relevant sections/targets been attached to this referral?** |  |
| **Does the YP have an Individual Learning Plan (ILP)?** |  |
| **Is the ILP attached to this referral?** |  |
| **Has the YP undergone a risk assessment?**  |  |
| **Is a copy of the risk assessment attached to this referral?** |  |
| **Is the pupil a child in care?** |  |
| **Is the pupil an Unaccompanied Asylum Seeker?** |  |
| **Is the pupil a refugee?** |  |
| **If yes, (to all 3 previous Qs) is the Virtual School aware of this referral?** |  |
| **Does the pupil have an Individual Healthcare Plan?** |  |
| **If the pupil has an Individual Healthcare Plan, is it attached to this referral?** |  |
| **Is the pupil open to social care?** | YES NO FSP S17 S47 OTHER |
| **If any other agencies are involved, please list here** |  |
| **Does the pupil have a Behaviour Support Plan?** |  |
| **If the pupil has a Behaviour Support plan, is it attached to this referral?** |  |
| **Day(s) / timings required (NO MORE THAN 2 FULL DAYS OR 4 SESSIONS)** |  |
| **Preferred attendance duration** | *E.g., one term* |
| **Proposed start date** |  |
| **Proposed end date** |  |
| **Does the YP attend any other Alternative Provision?** |  |
| **If Yes, please specify days and times** |  |
| **If Yes, which course(s) (provide level)** |  |
| **Is the pupil a Young Carer?** |  |
| **Is the pupil from a Gypsy, Roma or Traveller community?** |  |

#  SECTION B

## CORE INFORMATION

|  |  |
| --- | --- |
| **STUDENT NAME** |  |
| **DATE OF BIRTH** |  |
| **GENDER** | MALE FEMALEIDENTIFIES AS MALEIDENTIFIES AS FEMALENON-BINARY |
| **Ethnicity[[1]](#footnote-1)** | WHITE BRITISHIRISHWHITE GYSPY ROMATRAVELLER OF IRISH HERITAGEANY OTHER BACKGROUNDWHITE AND BLACK CARIBBEANAND BLACK AFRICANWHITE AND ASIANANY OTHER MIXED OR MULTIPLE ETHNIC BACKGROUNDINDIANPAKISTANI BANGLADESHICHINESEANY OTHER ASIAN BACKGROUNDBLACK AFRICANBLACK CARIBBEANARABANY OTHER ETHNIC GROUP |
| **Name of Parent/Carer** |  |
| **Email of parent/carer** |  |
| **Mobile telephone** |  |
| **Home telephone** |  |
| **Work telephone** |  |
| **Emergency Contact 1****Name/relationship** |  |
| **Emergency Contact 1****Telephone number** |  |
| **Emergency Contact 2****Name/relationship** |  |
| **Emergency Contact 2****Telephone number** |  |
| **Course/provision offer** |  |
| **Days and times to attend (NO MORE THAN 4 SESSIONS TOTAL/2 FULL DAYS)** |  |
| **Agreed taster date (if applicable)** |  |
| **Agreed start date** |  |
| **Planned end date** |  |
| **Time and method of arrival (please state if different on different days)** |  |
| **Time and method of departure (please state if different on different days)** |  |
| **If relevant, EHCP Coordinator email** |  |
| **If relevant, YOT keyworker email** |  |
| **If relevant, Virtual School Children in care Adviser email** |  |
| **If relevant, social worker/FSP email** |  |

## SAFEGUARDING

|  |  |
| --- | --- |
| **Attendance** | *Please document how and when attendance at the AP setting will be communicated to the school/commissioner**Agreed day/time (e.g., by 9am every Monday and Wednesday) – must be within 30 minutes of the child’s agreed arrival time**Method (e.g., by email to the key contact/school pastoral lead/attendance lead)**Provide relevant email addresses/telephone numbers and name/role of key contact* |
| **Procedures for non-attendance** | *If the young person has not arrived by (insert time), the following will take place (this list is to be adapted by the school/commissioner):**School/commissioner informed as per the agreement above**Telephone call to the young person’s parent/carer**Telephone call to the relevant professional (provide detail as necessary. For example, it would not necessarily be essential to inform an EHCP Coordinator, but if the young person is at risk, then the social worker/FSP/YOT worker may need informing)**If the young person’s whereabouts are not known – indicate agreed safeguarding procedures here* |
| **School Designated Safeguarding Lead name**  |  |
| **School Designated Safeguarding Lead email** |  |
| **School Designated Safeguarding Lead telephone** |  |
| **Agreed process for the recording and informing of a safeguarding concern** | This checklist is to be adapted by the school/commissioner according to its own safeguarding policy and processes:Has the school shared its own preferred safeguarding record form? Has a minimum timeline been agreed? (e.g., within 30 minutes etc.)Has the AP setting shared a copy of its safeguarding record form?Sample forms and templates can be sourced at [Safeguarding forms and templates - Schools (norfolk.gov.uk)](https://www.schools.norfolk.gov.uk/pupil-safety-and-behaviour/safeguarding/safeguarding-forms-and-templates)Is there any safeguarding information that the AP setting needs to know in advance of a placement?Has a Risk Assessment been completed?Method of communication – detail how concerns will be shared and with whom (e.g., DSL contact, as above, via email using the school’s safeguarding template/access to shared drive etc.)How will the AP setting log the concern?Who will follow this up? When? How? |
| **General** | Has the school checked the AP setting’s own safeguarding policy?Has the school/commissioner checked that the young person will not be mixing with post-16 students/adults who are not staff, while at the setting?Will any of the provision take place off-site? Will this require an additional risk assessment or consent form? |
| **Photo consent** | Is photo consent required?Does the school or AP setting have consent to share photographs of this young person on social media/on their website/in the press?Will additional consent be checked if needed (e.g., for a special event)? |

## AIMS AND OUTCOMES

|  |  |
| --- | --- |
| **KEY OBJECTIVE 1** |  |
| **KEY OBJECTIVE 2** |  |
| **KEY OBJECTIVE 3** |  |
| **If these objectives are linked to PEP targets and/or EHCP outcomes, please list here** |  |
| **How do the objectives meet the curriculum provision of this young person? If relevant, please provide any current levels in core subjects** |  |
| **If the aims are social/emotional, will any baseline tests be completed at the beginning and then during/at the end of the placement to demonstrate progress?** |  |
| **How will the AP setting communicate progress? (format/regularity) To whom?** |  |
| **If progress is not evident, what steps will be taken?** |  |
| **How will all parties ensure that progress is shared with other relevant professionals (EHCP Co/LAC Adviser etc.)?** |  |
| **Does the setting have a shared drive which the school contact can access to view progress?** |  |
| **Will the young person be working towards any qualifications? If so, provide detail, with expected levels and completion timeframes** |  |
| **Agree dates and times when the school/commissioner can visit the young person in the setting. (see 06Alternative Provision Progress Visit record)** |  |
| **Agree that the school/commissioner may carry out unplanned visits to the young person in the setting** |  |
| **If in KS4-5 (Y10-13), how will this placement contribute to post-16/18 planning for this young person?** |  |
| **Who is the careers lead at school? Are they aware of this placement?** |  |
| **Will any careers advice be provided during this placement?** |  |
| **Will the placement involve any work experience?** |  |
| **How will progress during work experience be recorded? How will this be shared?** |  |
| **Will the setting facilitate any college visits? How and when?** |  |

# SEND/LAC/Health/YOT information

|  |  |
| --- | --- |
| **Core information****What are the key needs for this young person?** | List the key needs hereDoes the young person require additional adult support? Will this be provided by the school? (e.g., TA) If so, what are their contact details?List the basics of what AP staff need to know (this can be expanded in detail if required) |
| **EHCP/PEP/ILP/BSP targets**  | List any relevant targets from the pupil’s EHCP, PEP, Individual Learning Plan or Behaviour Support PlanIf relevant, list key targets related to mental health and/or Social, Emotional and Mental Health [SEMH] issuesHow will this placement support the pupil to achieve these targets?Will AP colleagues be invited to reviews as appropriate? If so, please provide dates and times if known |
| **English as an additional language** | If the pupil speaks a language other than English as their first language, which languages are spoken at home?Will the pupil require any additional support?How will this be provided? |
| **Health** | Does this young person have an Individual Healthcare Plan? [Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)Is there any other relevant health information?Does the young person have an inhaler/EpiPen/other health equipment?Does the young person take any medication during the day?Does this require secure storage?If so – it must be provided to the setting in the original box with dosage instructions (not a cut out blister pack)Does the young person have any access requirements? |
| **GP contact details** | Please provide the name of the pupil’s GP, surgery address and telephone number |
| **YOT** | If the young person has a YOT worker, please add their contact details here.Have they been notified of this placement?Have you checked in with the YOT worker to ensure that the setting is advisable on a given day (e.g., to avoid mixing with known associates if inappropriate)? |

## BEHAVIOUR

|  |  |
| --- | --- |
| **Expectations** | *Has the 05Learner Code of Conduct been completed?**Summarise here the expected behaviour from the young person, e.g.**XX will arrive on time**XX will not smoke on site**XX will complete all work to the best of their ability**XX will follow instructions etc.* |
| **Policy** | *Has the school checked the Behaviour policy/expectations of the setting?**If the young person attends more than 1 AP setting, are the expectations different?**What are the potential consequences of this?**What is the setting’s policy around smoking?**What is the policy on leaving the AP site?**Has the AP setting shared its use of sanctions with the commissioner (if relevant)?**How often (and to whom) will the AP setting report back to the school on the young person’s behaviour?**Has the school shared its behaviour system with the AP setting and is it possible for the setting to contribute to this (e.g., issuing a ‘positive’ point). Provide detail of how this will be communicated.**Is there a rewards policy? Has this been shared? Will the pupil be able to transfer rewards between AP and school (so that they are not disadvantaged by not being at school for 1-2 days per week)?**Have all policies been effectively shared and agreed with the young person? If so – by whom and when?**Does the AP setting have a policy on physical intervention? If so, who is trained and is that up to date?**If the child may need to be restrained, who from school will support?* |
| **Suspension and exclusion** | *Has a discussion taken place, and agreement reached, on what would happen if the young person received a suspension from school? E.g., will this impact on the AP setting? Will the suspension take place on the same day as the young person would usually attend the AP? If so – how can this time be made up etc.**Would there be circumstances in which a day spent at the AP could be in lieu of a suspension? E.g., to reflect upon behaviour and complete work in a different environment. If so, are there any cost/transport/lunch/consent implications etc.?* |

## EQUIPMENT/USE OF MACHINERY/TOOLS

|  |  |
| --- | --- |
| **Equipment** | Provide detail of what will be required ahead of the placement/what the AP setting will provide/if funding is required etc. (e.g., hard hats, appropriate footwear etc.)Are there any specific clothing requirements?Does hair need to be tied back?Is jewellery permitted?Does the AP setting maintain logs to evidence that young people have received appropriate training? |
| **Use of machinery, tools and/or digital equipment** | Has an appropriate risk assessment with regard to the use of tools, machinery and/or digital equipment been agreed?What is the induction process?What will be the staffing ratios at the setting? |
| **Animals** | If relevant, how will the young person receive appropriate induction in handling/assisting with animals?Is any appropriate clothing required?Are there any health risks associated with contact with animals (e.g., allergies)? |

## PRACTICALITIES

|  |  |
| --- | --- |
| **Transport** | How will the young person travel to and from the AP settingIf by taxi, what are the key contact details for the taxi company?If via another adult not named above – provide contact detailsIf transport is not available on a given day, what steps will be taken? |
| **Lunch/snacks** | Are snacks/lunch provided?If the young person receives Free School Meals, how will the school ensure that lunch is provided? (e.g., if a packed lunch is provided at school, but the young person is travelling direct from home)Does the young person have any food allergies/dietary requirements?Is there a setting policy (e.g., no nuts on site etc.)?Is there a tuck shop and/or vending machine on site? What is provided? Will the young person require cash?Is drinking water provided on site? |

## RISK ASSESSMENT

This risk assessment is used to develop an understanding of the young person’s needs and how to best address them within the placement. The risk assessment will be assessed and reviewed at regular intervals, including after an incident has occurred, to see if risks have become less or more prevalent. Any changes will be communicated to parent carers and school/commissioner.

**Rows can be added, expanded or deleted.**

| **Risk Factor** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| Risk of absconding |  |  |  |  |  |  |
| Danger to self |  |  |  |  |  |  |
| Evidence of self-harm |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Ability to work in a team |  |  |  |  |  |  |
| Ability to work with tools and machinery if required |  |  |  |  |  |  |
| Ability to follow instructions |  |  |  |  |  |  |
| Requires 1:1 adult supervision |  |  |  |  |  |  |
| Attends regularly |  |  |  |  |  |  |
| Ability to travel safely (e.g., in a minibus) |  |  |  |  |  |  |
| Has a good concept of E-safety |  |  |  |  |  |  |
| Risk of substance abuse (including alcohol/drugs) |  |  |  |  |  |  |
| Risk of smoking |  |  |  |  |  |  |
| Risk of aggression towards adults |  |  |  |  |  |  |
| Risk of aggression towards peers |  |  |  |  |  |  |
| Risk of carrying weapons |  |  |  |  |  |  |
| Risk of bullying other young people |  |  |  |  |  |  |
| Displays inappropriate sexual behaviour |  |  |  |  |  |  |
| Any other relevant risks not mentioned above  |  |  |  |  |  |  |

## Signatures*[[2]](#footnote-2)*

We, the named persons below certify that we are authorised to refer the young person named and accept the terms of business as agreed with the referring agency/school.

We confirm that all details are current, correct and that all relevant information has been shared.

We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

|  |  |  |
| --- | --- | --- |
| **Signatory** | **Signature** | **Date** |
| **Parent/carer** |  |  |
| **Young person** |  |  |
| **School referrer** |  |  |
| **AP contact/lead** |  |  |
| **Other professional (name/role)** |  |  |

A completed copy of this form will be forwarded to:

* Parent/carer
* Young person
* School contact
* AP contact
* EHCP Co
* LAC Adviser
* YOT Key worker
* NHS professional
* Other relevant professional
1. [List of ethnic groups - GOV.UK (ethnicity-facts-figures.service.gov.uk)](https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups#list-of-ethnic-groups) [↑](#footnote-ref-1)
2. If electronic, the school/referrer must retain its own evidence of this (e.g., email, record of telephone conversation) [↑](#footnote-ref-2)