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

Section B **should not be completed** until a placement has been agreed

| **Student Name[[1]](#footnote-1)** |  | **Date of birth** |  |  |
| --- | --- | --- | --- | --- |
| **SECTION A – to be completed prior to placement being agreed** | | | |  |
| School |  | Year | Choose an item. |
| School key contact name |  | School key contact Role |  |
| School key contact telephone |  | School key contact email |  |
| ULN Number |  | % attendance at time of referral |  |
| SEND | Choose an item. | If the YP has an EHCP, have the relevant sections/targets been attached to this referral? | Choose an item. |
| Does the YP have an Individual Learning Plan (ILP)? | Choose an item. | Is the ILP attached to this referral? | Choose an item. |
| Has the YP undergone a risk assessment? | Choose an item. | Is a copy of the risk assessment attached to this referral? | Choose an item. |
| Is the pupil a looked after child? | Choose an item. | Is the pupil an Unaccompanied Asylum Seeker? | Choose an item. |
| Is the pupil a refugee? | Choose an item. | If yes, (to all 3 previous Qs) is the Virtual School aware of this referral? | Choose an item. |
| Does the pupil have an Individual Healthcare Plan? | Choose an item. | If the pupil has an Individual Healthcare Plan, is it attached to this referral? | Choose an item. |
| Is the pupil open to social care? | Choose an item. | If any other agencies are involved, please list here |  |
| Does the pupil have a Behaviour or Pastoral Support Plan? | Choose an item. | If the pupil has a Behaviour Support plan, is it attached to this referral? | Choose an item. |
| Day(s) / timings required |  | Preferred Attendance Duration |  |
| Proposed Start Date | Click or tap to enter a date. | Proposed end date | Click or tap to enter a date. |
| Does the YP attend any other Alternative Provision? | Choose an item. | If Yes, please specify days and times |  |
| If Yes – which course(s) is/are being followed (provide level) | |  | |
| Is the pupil a Young Carer? | Choose an item. | Is the pupil from a Traveller community? | Choose an item. |
| What are the intended outcomes of this placement for the pupil? | * *Please describe the hoped-for outcomes of the placement, including for SEMH and for any vocational achievements* | | |
| **SECTION B – only to be completed once the referral has been agreed** | | | |
| Ethnicity[[2]](#footnote-2) | Choose an item. | Gender | Choose an item. |
| Name of Parent/Carer |  | Email of parent/carer |  |
| Telephone Numbers | Home | Mobile | Work |
| Address |  | | |
| Emergency Contact 1 | Name | Telephone | Relationship |
|  |  |  |
| Emergency Contact 2 | Name | Telephone | Relationship |
|  |  |  |
| Course/provision offer |  | Sessions (max 2 days per week total at 1 AP) |  |
| Agreed taster date (if applicable) | Click or tap to enter a date. | Agreed start date | Click or tap to enter a date. |
| Time of arrival (please state if different on different days) |  | Time of departure (please state if different on different days) |  |
| If relevant, EHCP Coordinator email |  | If relevant, LAC Adviser email |  |
| If relevant, YOT keyworker email |  | If relevant, social worker/FSP email |  |
| **AIMS AND OUTCOMES**  **Provide the 3 key objectives of this placement below** | | | |
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |
| **Aims** | * *How do the objectives meet the curriculum provision of this young person?* * *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 (see 04Pre-placement baseline for pupils).)* * *If relevant, please provide any current levels in core subjects* | | |
| **Progress** | Half termly progress reports will be written and sent to the school. This can then be shared to any other agencies through the contact at the school unless otherwise requested.  If the school would like a shared drive to be completed on a weekly basis, this can be requested.  The school are welcome to visit the YP in placement, this can be arranged for when the YP is on site. Please email danielle@ace-project.org.uk to arrange. | | |
| **Careers** | The YP will gain an understanding of what skills are needed to work within the vocation sector they are studying. | | |
| **SEND/LAC/Health/YOT information** | | | |
| **Core information**  What are the key needs for this young person? | * *Bullet point the key needs here* * *Does the young person require additional adult support? Will this be provided by the school? (e.g., TA)* * *If so, what are their contact details?* * *Bullet point the basics of what AP staff need to know (this can be expanded in detail if required)* | | |
| **EHCP/PEP/ILP/BSP targets** | * *Bullet point any relevant targets from the pupil’s EHCP, PEP, Individual Learning Plan or Behaviour Support Plan* * *If relevant, list key targets related to mental health and/or Social, Emotional and Mental Health [SEMH] issues* * *How 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)?* | | |
| **SAFEGUARDING** | | | |
| **Attendance** | Attendance will be emailed to the school by 10.30am on the day of attendance/non-attendance.  *Provide relevant email addresses/telephone numbers and name/role of key contact* | | |
| **Procedures for non-attendance** | If the young person has not arrived by 10am, the School will be informed as per the agreement above.  If any other actions needed to take place, eg: inform social worker/ family practitioner, please add details here. | | |
| **School Designated Safeguarding Lead name** |  | **School Designated Safeguarding Lead email and telephone** |  |
| **ACE Designated Safeguarding Lead name** | Lauren Gardiner or Danielle Lindoff | **ACE Designated Safeguarding Lead email and telephone** | 01603 720308  Lauren or danielle@ace-project.org.uk |
| **Agreed process for the recording and informing of a safeguarding concern** | ACE will inform the school at the earliest point of any safeguarding issues. In cases where it is imperative the school need to know asap, it will be done via telephone and followed up via an emailed recording form. If it is not time sensitive, an emailed recording will be sent over at the earliest point available ACE is happy to work alongside the school or commissioner on any follow up needed. ACE will be happy to attend any relevant meetings relating to the young person. | | |
| **General** | * *Has the school checked the AP setting’s own safeguarding policy?*   There may be post 16 learners on site at ACE during different periods of the week. These have different break and lunch times to school learners and will be in different buildings. | | |
| **Photo consent** | A photo consent form will be provided for you to complete as necessary. Please ensure this is complete to inform ACE of any photographic requirements. | | |
| **BEHAVIOUR/RISK ASSESSMENT** | | | |
| **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?* No smoking permitted. * *What is the policy on leaving the AP site?* Learners are not permitted to leave site, KS3 will be followed, and parent/carer alerted, KS4, parent/carer will be alerted and a 30 minute window will be given for return. We will always seek advice from the commissioner. If there are any concerns around the YP, we will follow. * *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?* Half termly unless there are any significant behaviours. We will then speak with the school/commissioner and the parent/carer. * *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?* | | |
| **Exclusion** | * *Has a discussion taken place, and agreement reached, on what would happen if the young person receives a fixed-term exclusion from school? E.g., will this impact on the AP setting? Will the exclusion 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 fixed-term exclusion? 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** | Any equipment needed will be provided by ACE. We recommend learners do not wear their best clothing and it is in line with their schools non-uniform standards. Protective clothing and footwear is available on site for use. In workshops hair will need to be tied back and no dangling jewellery.  All learners will be required to have training on machinery and equipment and are required to sign the training log prior to use. | | |
| **Use of machinery/tools/**  **digital equipment** | All new learners will undergo health and safety training prior to using tools and equipment. | | |
| **Animals** | N/A | | |
| **PRACTICALITIES** | | | |
| **Transport** | * *How will the young person travel to and from the AP setting* * *If by taxi, what are the key contact details for the taxi company?* * *If via another adult not named above – provide contact details* * *If 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?* | | |
| **Signatures***[[3]](#footnote-3)* | | | |
| 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. | | | |
| Parent/carer |  | Date |  |
| Young person |  | Date |  |
| School referrer |  | Date |  |
| AP contact/lead |  | Date |  |
| Other professional (name/role) |  | Date |  |
| 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. The header row repeats so that the pupil name appears on each page [↑](#footnote-ref-1)
2. [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-2)
3. If electronic, the school/referrer must retain its own evidence of this (e.g., email, record of telephone conversation) [↑](#footnote-ref-3)