**Referral Form**

New Roots Care & Education

**Please complete ALL sections of the form.** If an item is not relevant then put N/A or NO, etc. Incomplete referral forms may be delayed or not be processed.

**Please send to** enquiry@nrce.co.uk **when completed**.

*All placements have a set up fee of £100 per learner per academic year. This fee is to cover the uniform, PPE, and enrolment on programmes and qualifications by completing this form you agree to settle this fee on the first invoice issued by the provision.*

**1. Referring School**

|  |  |
| --- | --- |
| **Alternative Provider to be forwarded to** | New Roots Care & Education |
| **Current School** |  |
| **Address** |  |
| **Named School contact** |  |
| **Email for invoicing / Name of person** |  |
| **School Safeguarding DSL** |  |
| **Tel. No** |  | **Email** |  |
| **LA No.** |  | **Establishment no.**  |  |
|  |  | **Start date at AP** |  |

1. **Details of any previous schools/ Alternitive provision attended**

|  |  |  |
| --- | --- | --- |
| **Name of Schools** | **From** | **To** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **ULN** |  |
| **Date of Birth** |  | **Gender** |  |
| **Current School Year** | Y1 | Y2 | Y3 | Y4 | Y5 | Y6 | **Pronouns**  |  |
| Y7 | Y8 | Y9 | Y10 | Y11 | **Ethnicity** |  |
| **First Language** |  | **NHS No:** |  |
| **Child(s) Doctors** |  |
| **EHC Plan** | Yes |  | No |  | In Assessment |  |
| *Please note any child with an EHC or with LAC can only access 3 full days or 5 half day sessions with the provision. A full-time provision can be offered along with our partnership alternative provision provider. Please speak to us for more information on this matter* |
| **Does the Child fall into a Vulnerable Group:** |
| Permanent exclusion (including at risk) |  | Child Missing Education |  |
| Gypsy, Roma and Traveller |  | Child refugee or child asylum seeker |  |
| Unaccompanied asylum-seeking child |  | Young carer  |  |
| School Refuser  |  | Eligible for free school meals |  |
| Looked After |  | At risk of sexual exploitation |  |
| Young Offender |  | Pregnant pupil / school girl mother  |  |
| Anxious Learner  |  | Entitled to pupil premium  |  |
| **Child top size**  | 9-11yrs | 12-13yrs | 14-15yrs | Small | Medium | Large | **Welly size:** |  |
| **Previous year’s attendance** |  |
| **Transport for child** | Walk/Bus | Taxi | Parent | **Contact details for transporter**  | Name:Number:Account No: |
| **Contact Address**  |
| **1: Tel. No.** | Day |  | **Email** |  |
| Evening |  |
| **2: Tel. No.** | Day |  | **Email** |  |
| Evening  |  |

**Medical Needs** *(please provide details)*

|  |  |
| --- | --- |
| **Medical** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Medication required during school hours** |  |
| **Accessibility Issues** |  |

**Parent / Carer Information**

|  |  |
| --- | --- |
| **Parent / Carer Name** |  |
| **Parent D.O.B** |  |
| **Tel. No.** |  | **Email** |  |
| **Parent / Carer Name** |  |
| **Parent D.O.B** |  |
| **Tel No.** |  | **Email** |  |
| **Emergency Contact**  |  |
| **Tel no:** |  | **Relationship** |  |

**4. Education Profile**

 **Student’s prior attainment**

|  |  |  |
| --- | --- | --- |
|  | **Key** **Stage 2** | **Key** **Stage 3** |
| **Numeracy Level working at:** |  |  |
| **Literacy Level working at:** |  |  |
| **Reading Age**  |  |
| **Reading comprehension level:** |  |
| A **FULL** academic record should be copied in here. |

**Attendance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance****(%)** | **Authorised Absence****(%)** | **Unauthorised Absence** **(%)** | **Date of last Attendance** | **Is the student expected to attend 5 days/week?** |
|  |  |  |  |  |
| **If no, please provide further details:** |  |

**Exclusion history over last 12 months**

|  |  |  |
| --- | --- | --- |
| **Dates of exclusion** | **Length of exclusion****(days)** | **Reason for exclusion** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **SEND Profile**

Please tick all the boxes that apply to the student

**Please provide details of the student’s:**

|  |  |
| --- | --- |
| **Primary Need** |   |
| **Secondary Need** |  |
| **Tertiary Need** |  |
| **IEP or School’s equivalent** |  | If yes please attach |
| **Does the student have a specific diagnosis?**(e.g. ADHD, ASD, Epilepsy, Dyslexia) |  |
| **Does the student have a Risk Assessment in place?** |  | If yes, please attach |

1. **Social Profile**

|  |  |  |
| --- | --- | --- |
| **Is the student open to social care?** |  | If yes, please provide contact details |
| **Name** |  | **Tel. No** |  |
|  |
| **Does the student have a CAF or EHAF?** |  | If yes, please provide contact details |
| **Name:** |  | **Tel. No.** |  |
|  |
| **Is there an active team around the child process?** |  | If yes, please provide contact details |
| **Name of Lead Professional:** |  | **Email** |  |
| **Reason for involvement**  |  | **Duration:****End Date:** |  |
|  |
| **Name of Lead Professional:** |  | **Email** |  |
| **Reason for involvement**  |  | **Duration:****End Date:** |  |
|  |
| **Name of Lead Professional:** |  | **Email** |  |
| **Reason for involvement**  |  | **Duration:****End Date:** |  |
|  |
| **Name of Lead Professional:** |  | **Email** |  |
| **Reason for involvement**  |  | **Duration:****End Date:** |  |
|  |
|  |
| **Known Issues** | **Support provided by School** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Family Overview** (i.e. Position of child in relation to siblings, parental details etc.) |  |

**Other Agency Involvement (tick all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | **Expired** | **Contact Name** | **Email** |
| **YOT** |  |  |  |  |
| **Police** |  |  |  |  |
| **Malt/CAMHs** |  |  |  |  |
| **Other** (state) |   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Reason for Referral**

|  |
| --- |
| **Please provide specific reasons for the referral** |
|  |

1. **Previous or attending Provision Details**

|  |  |  |
| --- | --- | --- |
| **Name & address**  | **Days**  | **Course** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**this section must be completed in full on provision times support level and days requesting**

**Primary Aged Children -** *please tick or highlight selected provision required*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Provison** (please select) | **Morning Provison** 9:30am – 12:30pm | **Afternoon Provision** 12:00pm – 3.00pm | **Full Day Provison** 9:30am – 3.00pm | **Required Support** (please select) | **1-2-1** (half term service unavailable) | **Group** |
|  |  |  |  |  |
| **Preferred Day(s)** (please select) | Monday | Tuesday  | Wednesday | Thursday | Friday |
| AM | PM | FULL | AM | PM | FULL | AM | PM | FULL | AM | PM | FULL | AM | PM | FULL |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Duration of service**  | Half term**Short placement** *(no programmes or qualifications offered)* | Short term**1 academic term** | Medium term**2 academic term** | Long term**3 academic terms**  | Academic year**4 academic terms**  |
|  |  |  |  |  |

**Secondary aged children –***please tick or highlight selected provision required*

**Y10 / Y11 is only short term provision offer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Provision** (please select) | **Morning Provision** 9:30am – 12:30pm | **Afternoon Provision** 12:00pm – 3.00pm | **Full Day Provision** 9:30am – 3.00pm | **Required Support** (please select) | **1-2-1** (half term service unavailable) | **Group** |
|  |  |  |  |  |
| **Preferred Day(s)** (please select) | Monday | Tuesday  | Wednesday | Thursday | Friday |
| AM | PM | FULL | AM | PM | FULL | AM | PM | FULL | AM | PM | FULL | AM | PM | FULL |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Duration of service**  | Half term**Short placement** *(no programmes or qualifications offered)* | Short term**1 academic term** | Medium term**2 academic term** | Long term**3 academic terms**  | Academic year**4 academic terms**  |
|  |  |  |  |  |

*Please note LAC and EHC students will only be offered 3 full day sessions or 5 half day provision maximum of 16.5hours provision or if a child is under a reduce timetable NRCE is unable to offer the majority of the child’s educational provision. We will only be able to match the child’s current education hours offered.*

*N.R.C.E has limited full time places for any child* ***not LAC or/and EHC*** *please speak to our team around full time placement offers.*

1. **Student Profile**

*This section must be completed.*

|  |
| --- |
| **Current academic timetable** Please outline what the child academic timetable is currently including of hours and level of support (please ensure other academic establishments working with the child is listen in the involved professionals above) |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| hours accessing | hours accessing | hours accessing | hours accessing | hours accessing |
|  |  |  |  |  |
| Level of support  | Level of support  | Level of support  | Level of support  | Level of support  |
|  |  |  |  |  |

**Please rate the student’s skills in each of the following areas**

|  |  |  |
| --- | --- | --- |
|  | **Excellent** | **Poor** |
| **Attendance** |  |  |  |  |
| **Time Keeping** |  |   |  |  |
| **Confidence** |  |  |   |  |
| **Interaction with other students** |  |  |   |  |
| **Interaction with Teachers** |  |  |   |  |
| **General behaviour** |  |  |  |  |
| **Attitude to home life and current situation** |  |  |   |  |
| **Parental Attitude to school** |  |  |  |  |

## Other indications of risk within school environment

Please indicate whether any of the following apply to the young person (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Occasionally** | **Always** |
| Gives in easily to pressure from others |  |   |  |
| Has poor control of temper |  |  |   |
| Challenges authority |  |   |   |
| Has caused damage to property |  |   |  |
| Verbally abuses peers |  |  |   |
| Verbally abuses staff |  |   |  |
| Displays aggressive behaviour |  |  |   |
| Has caused deliberate injury to peers |   |  |  |
| Has caused deliberate injury to staff |   |   |  |
| Displays sexually inappropriate behaviour |  |  |  |
| Attempts to manipulate / control others |  |   |  |
| Is at risk of self-harm |  |   |  |
| Drugs / alcohol have an impact on behaviour |  |  |  |
| Has brought in or used an offensive weapon |   |  |  |
| Has racist tendencies |  |   |  |
| **A full risk assessment should be included here, including handling policy and any strategies that are known to work or not work with this student.** |

|  |
| --- |
| **Details of the student’s interests and aspirations.****Please also attach a copy of the student’s OWN statement if one is available.** |

**TRANSPORT CONSENT FORM**

**This consent form should be completed by the parent or legal guardian of any student U18 years who will be transported by New Roots Care & Education arranged transport during the term of their contract with New Roots Care & Education.**

**In order that the child may participate in the activities organized by the provision it is essential that you complete and return this form to the provision manager, supplying relevant information and your consent as parent / or legal guardian.**

By consenting to this I am stating that the child is in good health and that they are not being transported contrary to medical advice.

In the unlikely event of an accident occurring, I give my permission for a designated representative of New Roots Care & Education to authorize emergency medical treatment, including the use of anesthetic if deemed necessary.

Child’s name

Date of birth

Name of parent/guardian:.

Relationship to child:

Address:

Emergency contact telephone no.:

Mobile Tel:

**Please provide a second emergency contact name and telephone number:**

Name

Relationship to child

Tel.No:

**Formal consent from the referring professional:**

I the relevant professional responsible for the named child above give formal consent for New Roots Care & Education to use provision transport for the use of attending off-site visits of which have been agreed within the child’s personal file held by the provision:

Name:

Professional position:

Company Name:

Company Address:

Contact Number:

Ext number:

Email:

Additional contact in the event of emergency:

Name:

Contact Number

Ext number:

Email:

**Please note: It is essential that we are able to contact one of these two numbers in the event of an emergency.**

If your child has any medical conditions that may need to be taken into account, please give details below. The following information will assist the club staff in caring for your child.

Special dietary needs: ………………………

 Does the child suffer from travel sickness? Yes / No

Can your child swim? Yes / No

Does the child suffer from: Asthma Hay fever Diabetes Epilepsy Nut Allergy 

Any other allergies (e.g. penicillin/nuts/anesthetic) ……….........................................................

Please add any other relevant information: ..............……………….............................................

Will the child carry any required medication with them during any travel journey? YES / NO

if so please specify **................................………………………............................................……...**

I consent to the child using organized provision transport during the period of their contract with New Roots Care & Education

Signature by parent or legal guardian Date:

Name in full:

Signature by professional responsible Date:

Name in Full

**Child photo / video consent form**

At New Roots Care & Education from time to time we may be required to take photographs or video as evidence of the child’s work during provision.

New Roots Care & Education will not sell or share images taken of children with any third parties or online distributors.

All images will be stored on a secure internal system held within the provision and will not be made public under this consent form. The material may be stored on an online storage system which is only accessible by staff at New Roots Care & Education

If any of the images or videos may be used for promotional material outside the provision an additional consent form will be issued including the material we wish to use for permission

Any photography or videos may be displayed within the provision as part of a display, poster or video slide. These displays may be visible to visitors who from time to time may access the provision site.

Please sign as acknowledgment of understanding of photography and video use of my child

Name of child

Name of parent / guardian

Signature of parent / guardian

Date

**Closed-Circuit Television (CCTV) system in operation**

New Roots Care & Education endeavours to protect all within our care. The provision has closed-circuit television equipment in all areas (excluding toilets and changing facilties).

The system is managed solely by the directors of New Roots Care & Education and all data is held for 30days.

New Roots Care & Education would hereby give the parents, carer or legal guardian and referrers the understanding of the systems use.

The system is important to help ensure a true account is held and all areas children access can be monitored at all time for safety.

**Operation on an open public site.**

New Roots Care & Education operates on an open farm park accessed by the general public. The general public are unable to access any New Roots Care & Education buildings and access to areas are restricted. All visitors are given maps of areas they can access.

The site has one point of entry/ exit and all visitors are checked by staff. Visitors are given identification bands to help aid staff identity visitors.

Children at times will be working within public areas. This includes, café, animal enclosures, footpaths and play equipment. During this time children will remain under full supervision by New Roots Care & Education staff. All areas open to general public are under CCTV coverage.

We require signed agreement that New Roots Care & Education have provided you with the knowledge of CCTV and Open Site arrangements.

**School:**

Name:

Position:

Sign:

Date

**Parent / Carer:**

Name:

Relationship to child:

Sign:

Date: