**Referral Form**

**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 SEND*  *SEND SUPPORT*  *EHCP IN PRISMPLICATION*  *EHCP IN YES TO ASSESS STAGE*  *EHCP IN DRAFT*  *EHCP IN PLACE* |  |
| If the YP has an EHCP, have the relevant sections/targets been 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? |  |
| Is the pupil open to social care? | YES NO  Early Help  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) required |  |
| 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? |  |

## CORE INFORMATION

|  |  |
| --- | --- |
| STUDENT NAME |  |
| DATE OF BIRTH |  |
| GENDER |  |
| Ethnicity[[1]](#footnote-1) |  |
| 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 to attend |  |
| 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/Early help email |  |

## SAFEGUARDING

|  |  |
| --- | --- |
| **Attendance**  Attendance will be emailed to the commissioner weekly by Prism admin, by close of play on a Friday.  **Please provide email to send this to.** |  |
| **Procedures for non-attendance**  If the young person has not arrived by 10am, the following will take place:   * Phone call made by Admin (day 1-3) * 4th day of non-attendance, welfare check by Prism * 5th day of non-attendance or attendance below 85% home visit/meeting by commissioner   If the young person’s whereabouts are not known – indicate agreed safeguarding procedures here from commissioning school. |  |
| **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**  Copy of historical Safeguarding information to be passed to Prism before commencement of placement.  Prism to send Safeguarding concern print out at end of placement.  Reports to be passed to School DSL (Commissioners) for action/outcomes. |  |

## AIMS AND OUTCOMES

|  |  |
| --- | --- |
| **KEY OBJECTIVE 1** |  |
| **KEY OBJECTIVE 2** |  |
| **KEY OBJECTIVE 3** |  |
| Are these objectives are linked to PEP targets and/or EHCP outcomes. |  |
| Please provide any current levels in core subjects |  |
| How often would the school like meetings with pupils and families to ensure progress? |  |
| If progress is not evident, what steps will be taken? By the school. |  |
| Agree dates and times when the school/commissioner can visit the young person in the setting. |  |
| Who are the careers lead at school? Are they aware of this placement? |  |
| Will any careers advice be provided during this placement? |  |
| Will the school facilitate any college visits? |  |

# SEND/LAC/Health/YOT information

|  |  |
| --- | --- |
| **Core information**  **What are the key needs for this young person?**  List 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?  List the basics of what Prism 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 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 Prism 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 Learner 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**  If a pupil absconds then home will be made aware, Prism will follow for up to 5 minutes with view of dissuading from absconding.  Relevant parties will be called.  Has the school checked the Behaviour policy/expectations of the setting?  If the young person attends more than 1 PRISM setting, are the expectations different?  What are the potential consequences of this?  Have all policies been effectively shared and agreed with the young person? If so – by whom and when? |  |
| **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 PRISM setting? Will the suspension take place on the same day as the young person would usually attend the PRISM? If so |  |

## EQUIPMENT/USE OF MACHINERY/TOOLS

|  |  |
| --- | --- |
| **Equipment** | Provide detail of what will be required ahead of the placement/what the PRISM 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 PRISM 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 Prism 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**  Food and drink is provided by Prism; Pupils are not expected to bring any lunch in. |  |

## 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** |  |  |
| **PRISM contact/lead** |  |  |
| **Other professional (name/role)** |  |  |

A completed copy of this form will be forwarded to:

* Parent/carer
* Young person
* School contact
* PRISM 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)