

### Pupil Details

First name:	
Surname:	
Gender at birth:	
Preferred pronoun:	
Gender identity:	
Home address:	
Date of birth:	
Academic year:	
UPN:	

### Home Living Situation and Support

#### Current home living situation:

- Living with parents    Children's home    Foster care    Special Guardianship    Other

Current home living situation - Other:

Current home living situation - Further details:

#### Previous home living situation:

- Living with parents    Children's home    Foster care    Special Guardianship    Other

**Social Care Support**

**Social care support - Current:**

- Child Protection (CP)  Child in Need (CIN)  Early Help & Prevention

**Social care support - Previous:**

- Child Protection (CP)  Child in Need (CIN)  Early Help & Prevention

**Medical Needs, Challenges, SEND, ACEs**

**Challenges:**

- Bereavement  EHA  FSM  Care experienced  EAL  Parental separation  Housing instability  Domestic abuse  Mental health needs  Attendance concerns  Other

**Medical needs:**

**SEND / Other risk factors:**

**Adverse childhood experiences:**

### Education History and Assessment

<b>Attendance:</b>
<b>Exclusions:</b>
<b>English ability (Reading age):</b>
<b>Maths ability (Spelling age):</b>

### Documentation

**Documentation:**

- EHCP / Moving On Plan    EHCP Annual Review    Educational Psychologist Assessment    Risk Assessment    CAMHS Assessment    SEN Support Plan    Pastoral Support Plan    Medical or Therapy Report    Other

### Young Person's Areas of Interest

**Areas of Interest:**

- Paddlesports    Catering    Sports    Exercise & Fitness    Arts & Craft    Music    Cooking    Outdoor Learning    Construction    Other

Young person's areas of interest - Other:

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**Parent/Carer Details and Consent**

Parent / Carer name:
Parent / Carer title:
Parent / Carer address:
Parent / Carer home telephone:
Parent / Carer mobile:
Parent / Carer email:
Relationship to young person:

Parental responsibility:

Yes  No

If no parental responsibility, provide details:

Consent to share information:

Yes  No

Consent for first aid:

Yes  No

**Second Parent/Carer Details**

Second parent / carer name:
Second parent / carer title:
Second parent / carer address:
Second parent / carer home telephone:
Second parent / carer mobile:
Second parent / carer email:

# BY THE BEACH

SOUTHSEA

## Referrer Details

Referrer name:
Referrer school/organisation:
Referrer role:
Referrer contact number:
Referrer email:
Referring body address:

## Service Contacts

Generic safeguarding email:
Safeguarding contact first name:
Safeguarding contact second name:
Safeguarding contact email:
Safeguarding contact phone:
Attendance reporting contact name:
Attendance reporting contact email:
Finance contact name:
Finance contact email:



**Placement Summary**

SOUTHSEA

Goals / aims of the placement:

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Reason for referral:

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**Form Completion**

Form completed by:
Form completed date:
Name (printed):

Return to: [admin@bythebeachsouthsea.co.uk](mailto:admin@bythebeachsouthsea.co.uk)