



Placement Referral Form

To be completed by the commissioning school prior to placement start

Section 1: Pupil Details

Pupil Name: _____
Date of Birth: _____
Year Group: _____
UPN: _____

Home Address: _____

Parent/Carer Name(s): _____
Contact Number(s): _____
Email: _____

Section 2: Placement Request

Provision Requested:

- 15 Hours Vocational Programme –12 week block @£1875 a week
- 20 Hours (Vocational + Functional Skills English & Maths) – **COMING SOON**

Proposed Start Date: _____
Expected Duration: _____

Reason for Referral (tick all that apply):

- Risk of permanent exclusion
- Permanently excluded
- Anxiety-based school avoidance
- SEMH needs
- EHCP provision breakdown
- Awaiting specialist placement
- Reintegration pathway
- Other (please specify): _____

Section 3: Educational Information

Current Attainment (most recent data):

English Level: _____

Maths Level: _____

Reading Age (if known): _____

Attendance (last 12 months): _____ %

Has pupil previously accessed alternative provision?

Yes No

If yes, provide details:

Section 4: SEND Information

Does pupil have an EHCP? Yes No

Primary Need: _____

Secondary Need: _____

Key strategies that support the pupil:

Known triggers:

Section 5: Behaviour & Risk Information

Please attach:

Current Risk Assessment

Behaviour Support Plan

Positive Handling Plan (if applicable)

Has the pupil:

History of violence? Yes No

History of absconding? Yes No

Substance misuse concerns? Yes No

Criminal exploitation concerns? Yes No



If yes to any above, provide detail:

Section 6: Safeguarding Information

Is pupil currently open to:

- Social Care
- Early Help
- Youth Justice
- CAMHS

Allocated Worker Name: _____

Contact Details: _____

Any current safeguarding concerns?

Section 7: Desired Outcomes

What are the intended outcomes of this placement?

- Improved attendance
- Reduced incidents
- Functional Skills qualification
- Work experience
- Reintegration
- Post-16 destination secured
- Other: _____

Section 8: Agreement

I confirm that all relevant information has been shared to support a safe and successful placement.

Name: _____

Role: _____

School: _____

Signature: _____

Date: _____