Company number

Registered In England and Wales

be yourself.

Learner Code

of Conduct

be yourself.

1. **Learner Code of Conduct agreement**

| 1. **Student name**
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| --- | --- |
| 1. **Date of birth**
 |  |
| 1. **School**
 |  |
| 1. **Year group**
 |  |
| 1. **School/commissioner contact name**
 |  |
| 1. **School/commissioner contact email**
 |  |
| 1. **School/commissioner contact telephone**
 |  |
| 1. **School/commissioner contact role**
 |  |
| 1. **Parent/carer(s) name**
 |  |
| 1. **Parent/carer(s) email**
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| 1. **Parent/carer(s) telephone**
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| 1. **AP lead name**
 | 1. Gemma Carey Clarke
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| 1. **AP lead email**
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| 1. **AP lead telephone**
 |  |

1. **Key Expectations**
2. Please take time to read the expectations and code of conduct for attending Be Yourself. Learners are expected to be able to maintain an appropriate level of behaviour and respect the boundaries that are in place.
3. **Whilst at The Snug I agree to the following:**
* I will arrive on time and ready to join in
* I will be respectful of all others and property
* I will behave in a safe way and listen to all safety instructions
* I will do my best in all sessions
* I will wear appropriate clothing for the setting (no slogans, offensive or revealing clothing)
* If I require medication, I will hand it in upon arrival. My parent or carer will call in to discuss requirements
* I understand I may need special equipment or must wear special clothing and agree to use or wear what is asked of me safely
* If I have an accident, I will inform my teacher/instructor straight away
* I understand and will follow the correct procedure when there is a fire alarm
* I understand I cannot leave site during the session without supervision and when off-site I will stay with my group
* I understand that my mobile phone can only be used during agreed periods during the day
* I understand that breaching any of the above will lead to my parents/carers being called and consequences being put in place after discussion with my school
* I understand that school and AP sites are non-smoking and agree to adhere to the smoking, drug and alcohol rules

## By reading and signing this contract you are agreeing to adhering the rules of the designated alternative provider. If you would like anything explained in further detail now or over the course of your placement, please ask any of the named keyworkers above.

## **Signatures**

1. 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.
2. We confirm that all details are current, correct and that all relevant information has been shared.
3. We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

|  |  |  |
| --- | --- | --- |
| 1. **Signatory**
 | 1. **Signature**
 | 1. **Date**
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| 1. **Parent/carer**
 |  |  |
| 1. **Young person**
 |  |  |
| 1. **School referrer**
 |  |  |
| 1. **AP contact/lead**
 |  |  |

1. A completed copy of this form will be forwarded to (delete as applicable):
2. Parent/carer
3. Young person
4. School contact
5. AP contact
6. EHCP Co
7. LAC Adviser
8. YOT Key worker
9. NHS professional
10. Other relevant professional