

Referral Form for Alternative Provision 2019 2020

Referring School or Local Authority

Current School /LA			
Named School/ LA Contact			
Safeguarding Lead			
Tel. N°.		Email	

Pupil Details

Name		UPN N°.	
Date of Birth		Gender	Male / Female
Current School Year		Ethnicity	
Contact Address			
Tel. N°.		Email	

Medical Needs *(please provide details)*

Medical	
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Parent / Carer Information

Parent / Carer Name			
Tel. No.		Email	

Education Profile - Pupil's prior attainment (if known)

Teacher Assessment	Current School Attendance (%)	Any exclusions?
		YES / NO

Pupil Profile - Please provide details of the pupil's:

Primary Need (reason for referral)		
Secondary Need		
Pupil interest and aspirations		
IEP/ PPP/ Action Plan	YES / NO	If yes please attach
Does the pupil have a specific diagnosis? What? (e.g. ADHD, ASD, Epilepsy, Dyslexia)	YES / NO	
Does the pupil have an EHCP?	YES / NO	
Does the pupil have an EHCP application in process?	YES / NO	

Does the pupil have a Risk Assessment in place?	YES / NO If yes, please attach
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Social Profile

Is the pupil open to social care?	YES / NO If yes, please provide contact details
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Name Social Worker		Tel. N°	
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Does the pupil have any other Professionals working with them:	YES / NO If yes, please provide contact details
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Known Issues	Support provided by School
Family Overview (i.e. Position of child in relation to siblings, parental details etc.)	

Proposed Placement Plan

Start Date		End Date	
Length of Placement			
Review Date		Review Date	

Current Status - Does the pupil fall in to a vulnerable group?

Looked After (LAC)	Young Carer	Young Offender	FSM (ever6)

Provision Details – Motiv8Sports

Preferred Day(s) (please select)	Monday	Tuesday	Wednesday	Thursday	Friday
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Please rate the pupil's skills in each of the following areas

	Excellent				Poor
Attendance	1	2	3	4	
Time Keeping	1	2	3	4	
Confidence	1	2	3	4	
Interaction with other pupils	1	2	3	4	
Interaction with Teachers	1	2	3	4	
General behaviour	1	2	3	4	
Attitude to home life and current situation	1	2	3	4	
Parental Attitude to	1	2	3	4	

I give consent for photographs to be taken and to be used for learning evidence and/or website and for my child to wear Motiv8Sports T-shirt and Tracksuit bottoms if needed for certain activities:

SIGNED PARENT/CARER: _____

SIGNED SCHOOL/ REFERRER: _____

Please return completed form to - Jack Abraham at - Jack.motiv8sports@outlook.com
Lee Dickinson - Motiv8sports@outlook.com - www.motiv8sportsltd.co.uk



Consent form for school trips and other off-site activities and photographs to be taken and used within school or Motiv8Sports website

Please sign and date the form below if you are happy for your child _____

- a) To take part in Motiv8Sports trips and other activities that take place off Motiv8Sports premises; and
- b) To be given first aid or urgent medical treatment during any trip or activity
- c) To have their photo taken by Motiv8Sports staff for use within their learning and/or to be used within Motiv8Sports media (e.g. website)

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits (including residential trips) which take place during the holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures outside the school day,
 - all off-site activities for Motiv8sports
- Motiv8Sports will send you information about each trip or activity before it takes place
- You can, if you wish, tell Motiv8Sports that you do not want your child to take part in any particular trip or activity.

Other written parental consent will not be requested from you for off-site activities offered by Motiv8sports – for example, visits to local amenities – as such activities are part of the school’s curriculum and will take place during the normal school day.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

Medical information

Details of any medical condition that my child _____ suffers from and any medication my child should take during off-site visits:

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Name of Parent/ Carer.....Date.....

Mobile No:.....Home No:.....

Name & Contact number of Doctor.....

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Motiv8Sports Ltd is committed to protecting the privacy and security of your personal information.
Please see our privacy notice (www.motiv8sports.godaddysites.com/policies) which describes how we collect and use personal information about our Parents, Carers, Children and Young People, school staff and other third parties, in accordance with the General Data Protection Regulations (GDPR).. We are required under data protection legislation to notify you of the information contained in this privacy notice.