

Specialist Independent School for Girls

*Building confidence so you can be the best you can be!*

**PP - RA1 Referral Form**

*Please fill in this form if you would like to register a pupil for a placement at PHOENIXPLACE. Once submitted, our administrator will contact you to invite you in for an initial chat with the Head or member of the Senior Leadership Team.* ***This form is not an acceptance of placement.*** *Forms can be handed in or submitted to administrator@phoenixplace.co.uk If you need any further help, please contact us.*

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| **Referring Authority Details** | | |
| **Name & Address of Referring Authority:** *e.g. name of Academy, PRU, other* |  | **Date referral made:** |

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| --- | --- |
| **Contact Name:**  *(Best person to speak to about referral)* |  |
| **Designation:** |  |
| **Tel:** |  |
| **Email:** | |

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| **About the child/young person** | | | | | | |
| **Pupil Name:** | **D.O.B:** | **Age:** | **Year Group:** | **UPN:** | | |
| **First Language:** | **Free School Meals Y/N:** | | **Proposed Start Date:** | | | |
| **Interpreter Required:** | **Ethnicity:** | | **Duration of placement:** *e.g. 2 terms, full year* | | | |
| **Parent/Carer name and address:**      **Post Code:** | | | | **Has the parent/carer been notified about this referral?** | | |
| **Parent/Carer phone number(s)** |  | | | | | |
| **Parent/carer email address:** |  | | | | | |

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| **REASON FOR REFERRAL** | | | | |
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| **Reintegration Plan:** Please provide details if applicable | | | | |
| **Young person’s interests and what they want to do for the future:** | | | | |

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| **Proposed placement** *(Please tick)* | | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| *If part time, please tick proposed days* | | | | |
| **Full time:** | **Part time:** |  |  |  |  |  |

(If PT state days)

**Referrer Risk Assessment: Do any of the below apply?**

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| **Reason**  *(please give some detail under headings)* | **Y/N** | **Reason**  *(please give some detail under headings)* | **Y/N** |
| Physical assault on pupil(s) |  | Bullying |  |
| Physical assault on adult |  | Drug/alcohol misuse |  |
| Sexually harmful behaviour |  | Theft from school premises/pupil |  |
| Persistent disruptive behaviour (despite planned interventions) |  | Verbal abuse against adult |  |
| Damage to property |  | Verbal abuse against pupil(s) |  |
| Racial abuse |  | Running away/going missing |  |
| **Other:** | | | |

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| **Is the young person a Child Looked After?** *If yes please give contact details of social worker* |  |
| **Is the young person at risk of CSE?** |  |
| **Is the young person involved in (or in the past been involved in) any Youth Offending services?** If currently yes, please give details of YOT/YOS worker |  |

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| **According to referrer – pupil’s risk to themselves** | **– suggested mitigation measures** |
|  |  |
| **According to referrer – pupil’s risk to other children and young people** | **– suggested mitigation measures** |
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| Are there any children or young people this pupil should not be placed with or who pose a risk? | *Please enter their full names:* |

***Referrer should attach a copy of any relevant risk assessment or behavioural support plans already in place.***

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| **Child/young person’s need/s** (Please tick) | | | | | | | |
| **Statement of SEN:** |  | **Cognition & Learning** | |  | **% Attendance level over the last term:** | | |
| **School Based Support:** |  | **Communication & Interaction** | |  |
| **Other:** |  | **Social, mental & emotional health** | |  |
| **Sensory and/or Physical** | |  |
| **School exclusion history:** *If Yes please provide further information*.      Perm/Fixed: | | | | | | | |

**Education**

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| **Academic Attainment (national Curriculum test results/teacher assessments):** | | | |
| **Subjects** | **Levels** | **Date/s of assessment** | **Comments** |
| **English** NC level of child or young person |  |  |  |
| **Maths** NC level of child or young person |  |  |  |
| **Science** NC level of child or young person |  |  |  |
| Reading age of child or young person |  |  |  |
| Spelling age of child or young person |  |  |  |

**KS4**

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| **Access Arrangements** | | |
| **Has this student been assessed for Access Arrangements** *(please state Y or N)* | | |
| If yes, date of assessment/s & types | | Dates: |
| **1** |  | *Date:* |
| **2** |  | *Date:* |
| ***We will need originals/copies of assessment and Access Arrangement paperwork if administered*** | | |

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| **Add subjects currently being studied:** | | |  |
| **Subjects:** | **Accreditation**  e.g. GCSE; BTEC, L1, EL | **Exam Board & Course Code:** | **Latest mock/assessment result (if any)** |
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*Before placement can commence;*

· Referring Authorities (RA) must provide all pastoral, academic and risk assessment information

· A Service Level Agreement must be discussed and signed

· Parents/carers must fill in all relevant documentation provided by PHOENIXPLACE.

· Student must complete school baseline assessment tests in English/Maths/Reading

Thank you for taking the time to fill in this form. We will contact you shortly

**PHOENIXPLACE**

[**snelson@phoenixplace.co.uk**](mailto:snelson@phoenixplace.co.uk) **or**

[**administrator@phoenixplace.co.uk**](mailto:administrator@phoenixplace.co.uk) **/ 0207 703 7189**