

The Dragonfly Programme

Learner Code of Conduct



Company number 15787098
Registered In England and Wales
The Dragonfly Programme Learner
Code of Conduct agreement

Student name	
Date of birth	
School	
Year group	
School/commissioner contact name	
School/commissioner contact email	
School/commissioner contact telephone	
School/commissioner contact role	
Parent/carer(s) name	
Parent/carer(s) email	
Parent/carer(s) telephone	
AP lead name	Sonia Bush
AP lead email	thedragonflyprogramme@gmail.com
AP lead telephone	07776902111

Key Expectations

Please take time to read the expectations and code of conduct for attending The Dragonfly Programme. Learners are expected to be able to maintain an appropriate level of behaviour and respect the boundaries that are in place.

Whilst at The Dragonfly Programme 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 have to 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

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. We confirm that all details are current, correct and that all relevant information has been shared.

We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

Signatory	Signature	Date
Parent/carer		
Young person		

School referrer		
AP contact/lead		

A completed copy of this form will be forwarded to (delete as applicable):

Parent/carer

Young person

School contact

AP contact

EHCP Co

LAC Adviser

YOT Key worker

NHS professional

Other relevant professional