Atypical Education Admission Form

To be completed when placement has been agreed, and attached to the referral form

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| **Pupil Name** |  | **Gender** | Choose an item. |
| **Date of birth** |  | **Year Group** | Choose an item. |
| **Pupil URN** |  | **% Attendance** |  |
| **Admission Date** | Click or tap to enter a date. | **Ethnicity** | Choose an item. |
| **SEND Requirements** | Choose an item. | **EHCP Attached** | Choose an item. |
| **Does the Pupil have an Individual Learning Plan?** | Choose an item. | **ILP Attached** | Choose an item. |
| **Does the pupil have a Risk Assessment?** | Choose an item. | **RA Attached** | Choose an item. |
| **Does the pupil have an Individual Health Care Plan?** | Choose an item. | **IHCP Attached** | Choose an item. |
| **Does the pupil have a Behaviour Support Plan?** | Choose an item. | **BSP Attached** | Choose an item. |
| **Is the Pupil open to Social Care?** | Choose an item. | **Social Worker /FSP Details** |  |
| **Is the Pupil a Child in Care?** | Choose an item. | **Virtual Schools Details** |  |
| **Is the pupil an Unaccompanied Asylum Seeker?** | Choose an item. | **Youth Justice Contacts** |  |
| **Is the pupil a refugee?** | Choose an item. | **EAL** | Choose an item. |
| **Is the pupil a young carer?** | Choose an item. |  |  |

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| **Attendance Requirements** | Provide Details |
| Days/ timings required – *No more than 2 full days or 4 sessions* |  |
| Preferred Attendance duration – e.g. one term |  |
| Proposed Start Date – e.g. asap |  |
| Does the pupil attend any other settings? |  |
| If yes, please specify times and days |  |

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| **Safeguarding Requirements** | Provide Details |
| Attendance – *How will attendance be documented to the school /commissioner, e.g. email, phone* |  |
| Non-attendance - *How will non-attendance be documented to the school /commissioner, e.g. email, phone* |  |

|  |  |
| --- | --- |
| Designated Safeguard Lead – Name and Contact details |  |
| Process for recording and informing Safeguarding concerns |  |

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| **Outcome Requirements** | Provide Details |
| If expected outcomes are not linked to the EHCP outcomes, please list them here, e.g. EBSA |  |
| Are the expected outcomes linked to the Current Curriculum content? E.g. Working towards GCSEs |  |
| Who requires copies of the weekly reports? |  |

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| **Behaviour Requirements** | Provide Details |
| How many suspensions and exclusions have taken place? |  |
| Does the pupil require additional support regarding their behaviour? |  |
| Does the pupil require restraining? |  |
| Are there any known risks involving transportation? |  |

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| **Health Requirements** | Provide Details |
| Are there any relevant health requirements or allergies that we should be aware of? |  |
| Does the pupil have an inhaler, an EpiPen, or other health equipment? Requiring storage or access issues |  |
| Are the pupils entitled to free school meals? |  |
| Does the pupil have dietary requirements? |  |
| Are there any risks associated with contact with animals? |  |
| GP Details |  |

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| --- | --- | --- | --- |
| **Parent / Carer Emergency Contact details** | | | |
| Surname |  | Forename(s) |  |
| Telephone |  | Relationship to child |  |
| Surname |  | Forename(s) |  |
| Telephone |  | Relationship to child |  |

## RISK ASSESSMENT

|  |  |
| --- | --- |
| **Pupil name** |  |
| **School** |  |
| **AP setting** |  |

This risk assessment is used to understand the pupil’s needs and how to best meet them within the placement. It will be reviewed regularly, including after any incident, to determine if risks have increased or decreased. Any updates will be shared with parent carers and the school/commissioner.

If you already have a risk assessment, please send that instead of completing this one. Rows can be added, expanded, or deleted. The suggested scores are for guidance only. Higher scores indicate higher risk.

| **Risk Factor** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| Risk of absconding | 5 | 4 | 3 | 2 | 1 |  |
| Danger to self | 5 | 4 | 3 | 2 | 1 |  |
| Evidence of self-harm | 5 | 4 | 3 | 2 | 1 |  |
| Ability to work independently | 1 | 2 | 3 | 4 | 5 |  |
| Ability to work in a team | 1 | 2 | 3 | 4 | 5 |  |
| Ability to work with tools and machinery if required | 1 | 2 | 3 | 4 | 5 |  |
| Ability to follow instructions | 1 | 2 | 3 | 4 | 5 |  |
| Requires 1:1 adult supervision | 5 | 4 | 3 | 2 | 1 |  |
| Attends regularly | 1 | 2 | 3 | 4 | 5 |  |
| Ability to travel safely (e.g., in a minibus or car) | 1 | 2 | 3 | 4 | 5 |  |
| Has a good concept of E-safety | 1 | 2 | 3 | 4 | 5 |  |
| Risk of substance abuse (including alcohol/drugs) | 5 | 4 | 3 | 2 | 1 |  |
| Risk of smoking | 5 | 4 | 3 | 2 | 1 |  |
| Risk of aggression towards adults | 5 | 4 | 3 | 2 | 1 |  |
| Risk of aggression towards peers | 5 | 4 | 3 | 2 | 1 |  |
| Risk of carrying weapons | 5 | 4 | 3 | 2 | 1 |  |
| Risk of bullying other young people | 5 | 4 | 3 | 2 | 1 |  |
| Displays inappropriate sexual behaviour | 5 | 4 | 3 | 2 | 1 |  |
| Any other relevant risks not mentioned above. |  |  |  |  |  |  |

## Signatures

We, the named persons below, certify that we are authorised to refer the pupil 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 the relevant parties (named below) of any changes in circumstances or support needs in writing via email.

|  |  |  |
| --- | --- | --- |
| **Signatory** | **Signature** | **Date** |
| **Parent/carer** |  |  |
| **Pupil** |  |  |
| **School referrer** |  |  |
| **AP contact/lead** |  |  |
| **Other professional (name/role)** |  |  |

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

* Parent/carer
* Pupil
* School contact
* AP contact
* EHCP Co
* Virtual School for Children in Care Adviser
* Youth justice Key worker
* NHS professional
* Other relevant professional