

**Referral Form 2024/2025**

Please complete this form and return to Director@newleafburton.co.uk

Or post to: New Leaf AP, 5 St Paul’s Square, Burton-on-Trent, Staffordshire, DE14 2EF For Attention Of: Karen Nicoll Telephone: 01283 568616

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| **PERSON MAKING THIS REFERRAL - PLEASE PROVIDE YOUR DETAILS** |
| **Contact Name:**  |  |
| **Contact Number:**  |  |
| **Email Address:**  |  |
| **Best time to contact:** |  |
| **STUDENT DETAILS** |
| **Full Name:** |  |
| **Age:**  |  |
| **DOB:** |  |
| **Current School Year :**  |  |
| **Male/Female:**  |  |
| **Address:** |  |
| **Name of parent/guardian:**  |  |
| **Contact number for parent/guardian:** |  |
| **Email address of parent/guardian:** |  |
| **Please answer with Y or N in the white column opposite** |  |
| **Looked After:** |  |
| **Child Protection Plan:** |  |
| **Child in Need:** |  |
| **Is the pupil(s) on the SEN Register:**  |  |
| **Does the pupil(s) have an EHCP:** |  |
| **Is the pupil(s) under EHCN Assess:**  |  |
| **Is the pupil(s) eligible for Free School Meals:** |  |
| **Which of these areas need support?** |  |
| **Communication & Interaction** | **Cognition & Learning** | **Social, Emotional & Mental Health** | **Sensory and/or Physical** | **Medical**  | **Other (specify)** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Current Registered School:** |  |
| **Reason for Referral:** |  |
| **Pupil Profile:**Include the pupil’s views, areas of enjoyment, strengths, interests, agency involvement etc. |  |
| **Current Attainment Levels (if known):** |  |
| **Additional Information:**Any specific needs that need to be met e.g. religion, English as a second language etc. |  |
| **Any risks that need to be considered:** |  |
| **Access to accredited qualifications /examinations required (GCSE, ASDAN)** | **Yes**[ ]  | **No**[ ]  |
| **Proposed Start Date:** |  | **Proposed End Date:** |  |
| **Total number of hours per week:** |  |
| **Please place a cross in preferred days:** | **Mon**[ ]  | **Tues**[ ]  | **Wed**[ ]  | **Thurs**[ ]  | **Fri**[ ]  |
| **Hours to be delivered per day:** **(maximum of 4 hours per day)** |  |  |  |  |  |
| **INTERNAL USE OFFICE ONLY** |
|  |
| Visit arranged? Date and Time |  |
| Trial day arranged? Date and Time |  |
| Pre-admission Risk Assessment completed? |  |
| Start date agreed? |  |
| Learner Contract agreed and signed by all parties? |  |