

Alternative Provision - Enquiry / Referral Form

Current School / Provider			
Contact Name:		Contact Email:	
Tel N^o		Tel Ext.	

Learner's Full Name			
Learner's Main Contact Number		D.O.B.	
School Year		Ethnicity	
Learner's Sex		UPN N	
Learner's Pronouns			
Contact Address:			
Please list those who have parental responsibility for this learner			
Main Parent / Guardian Name		Tel N^o	
Main Parent / Guardian Email:			
Please confirm if the Parent/Carer would like to receive Weekly Updates and a 6 Week Review along with the School	YES / NO		

Learner Medical needs: <i>Please include any known allergies</i>	
Does the learner have any dietary requirements? YES / NO <i>If yes please state</i>	
Please list any learner accessibility needs	

SEND Profile - Does this learner have an EHCP		YES / NO <i>If yes can this be provided?</i>	
If no, can you please provide the following			
Primary needs			
Secondary needs			
Tertiary needs			
Does the student have a specific diagnosis?		YES / NO <i>(ADHD, ASD, Epilepsy, Dyslexia)</i>	
Does the student have a Risk Assessment in place?		YES / NO <i>If yes can this be provided?</i>	
Any Additional Comments?			

Is the student open to social care?		YES / NO <i>If yes please provide contact details</i>	
Name		Tel N^o	

Known issues	Support being provided

Other Agency Involvement				
	Current	Expired	Contact Name	Email
YOT				
Police				
CAMHs				
Other				

Does the student fall into a vulnerable group? YES / NO			
Looked after	Contextual safeguarding concerns	Young career	Teenage parent
Young offender	School refuser	Eligible for FSM	Other
<i>If other, please state below</i>			

Reason for Referral					
<i>Please provide specific reasons for the referral</i>					
Preferred day? <i>Where possible we will do our best to accommodate preferred choice</i>	Monday	Tuesday	Wednesday	Thursday	Friday

Learner Skills (rate 1 - 5)	Poor					Excellent
Attendance	1	2	3	4	5	
Time keeping	1	2	3	4	5	
Confidence	1	2	3	4	5	
Interaction with other students	1	2	3	4	5	
Interaction with teachers / authority	1	2	3	4	5	
Attitude to home life situation	1	2	3	4	5	

Are you happy for all the previous information to be shared with our partners, following GDPR guidance?	YES / NO
Do you consent to us taking photos of the student on our AP Camera?	YES / NO
Do you consent to us using these photos on our website and social media (https://www.pukkapacas.com/calms Facebook, Instagram & Tiktok)	YES / NO
If 'Yes', do you have any requirements? (e.g. photos and videos can be used on social media but the students face must not be visible)	