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**Junction 16 – PART TIME REFERRAL FORM**

**Please complete all sections of the form and send to your school’s allocated J16 AP Officer**

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**Please ensure that all sections of the referral form are completed.**

**Please note that any yellow highlighted sections left incomplete or not returned will delay a placement.**

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| **Student’s Details** | | | | | | | | | | |
| **Student Legal Name in Full** |  | | **Date of Birth** |  | | **Year Group** |  | | **Gender** |  |
| **Ethnic Group** |  | | **First Language** |  | | **UPN** |  | | | |
| **Religion** |  | | **ULN (14+)** |  | | | |
| **Current School** |  | | | | | **Date of Referral** |  | | | |
| **Reason for Referral** | | | | | | | | | | |
| **State the reason for referral to a part time alternative provision placement (brief statement only, must complete commissioning agreement form with more specific, detailed targets)** | | | | | | | | | | |
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| **Attendance** | | | | | | | | | | |
| **Provide current and previous two years percentage attendance below. Summarise any factors that affect attendance. (Please attach attendance print out/Appendix C).** | | | | | | | | | | |
|  | | | | | | | | | | |
| **School Contact Details**  Include: Full Name, Position, Email | | | | | | | | | | |
| **Main Contact for Placement** | |  | | | **Attendance Contact** | | |  | | |
| **DSL** | |  | | | **SENCO** | | |  | | |
| **Other Contact** | |  | | | **Other Contact** | | |  | | |
| **Parent/Carer Details** | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **First Parent/Carer Name in Full** |  | **Relation to Student** |  | **Contact Number** |  | | **Second Parent/Carer Name** |  | **Relation to Student** |  | **Contact Number** |  | | **Address** |  | | | | | | **Email address** |  | | | | | | **Transport Arrangements** | | | | | | | **What arrangements have been made for the student to access provision(s)?** | |  |  |  | | --- | --- | --- | | **Taxi** | **Parent/Carer** | **Independent travel** | | Taxi Company…  Contact Number… | Parent/Carer name…  Parent/Carer number… | Please provide details if known…. | | | | | | | | | | | | | | | | |

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| **ALL sections below MUST be completed (Click in box if applicable. If left blank, assumed n/a):** | | | | | | | | | | | | | |
| **LAC** | **Voluntary** |  | **Child protection**  **SEC 47\*** | |  | **Child in Need SEC 17** |  | **Private Foster** | |  | **YOS** | |  |
| **Statutory** |  |
| **\*If CP, state category:** | | | | | | | | | | | | | |
| **If LAC or CP which local authority holds the order:** | | | |  | | | | | **Date in Care:** | | |  | |
| **Entitled to Free School Meals *(Full Day placements require this info)?*** | | | |  | | | | | | | | | |

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| **SEN/Health Details** | | | | | | |
| **EHCP or Undergoing Assessment (please state)** |  | | **SEN Support** |  | **N/A** |  |
| **Is the student considered to be disabled? If yes, please provide details.** | |  | | | | |
| **Are there any access arrangements in place? (e.g., reader, scribe, extra time, prompter, rest breaks, enlarged papers, etc). This section must be completed for students accessing J16 Construction to ensure they receive the required assistance for their exam(s) in Year 11.** | |  | | | | |
| **Briefly describe the student’s special educational needs (Please provide any information that alternative providers may need to be aware of or is of relevance to the placement).** | |  | | | | |
| **Does the student have any medical needs / health concerns / physical needs / prescribed medication** | |  | | | | |
| **If there have been concerns about the student’s mental health? Please indicate whether a referral has been made to a mental health professional.** | |  | | | | |

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| **Other Agencies Involved (e.g. Social Care, MAT, EWS)** | | |
| **Name of Agency** | **Contact Name** | **Email/Phone Numbers** |
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| **Safeguarding/Risk Assessment** | | |
| **Has a recent EHA been completed for this student?** | | Yes  No |
| **Does this student have a history of violence towards others?**  **If yes, to whom?**  **Please provide brief details.** | | Yes  No  Details: |
| **Does this student pose a significant threat of harm to others or themselves?** | | Yes  No  Details: |
| **Does this student have any history of substance misuse?** | | Yes  No |
| **Does the student currently have an up-to-date Risk Assessment in place? J16 Officers may request a RA if there are significant indicators of risk.** | | Yes  No |
| **Any other significant events we need to be aware of that may impact on student behaviour.** |  | |
| **Summarise any health and safety/safeguarding concerns that have not been covered by above.** |  | |

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| **Current Academic Information** | | |
| **Is the student currently attending mainstream lessons?** | | Yes  No |
| **If no, where does the student access core subject lessons?** |  | |
| **Is the student accessing any other alternative provision in addition to this referral e.g. school’s internal AP centre, other offsite vocational or core provision** | | Yes  No |
| **If yes, please provide brief details and add to timetable below:** |  | |

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| **Current Working and Target Grades** | | | | |
| **Subject** | **Specification/ Course** | **Delivered By** | **Target Grade** | **Current Grade** |
| **English** |  |  |  |  |
| **Maths** |  |  |  |  |
| **Other subjects relevant to referral (please list below)** |  | | | |
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| **Other Referral Information** |
| **What are the student’s strengths / interest, including activities outside of school?** |
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| **Are parents aware of the referral? What are their views?** |
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| **If there have been concerns or information about the student’s social/family circumstances, please describe these briefly below.** |
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| **Is the student aware of the referral? What are their views?** |
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| **Behaviour** |
| **Please state any current or historical behavioural concerns not already mentioned above.** |
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| **Comment on the student’s attitude to work, with staff and with peers.** |
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| **Outline any successful behaviour strategies for working with this student.** |
|  |

**Other Indicators of Risk**

Please indicate whether any of the following apply to the student (x)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Occasionally** | **Frequently** |
| **Gives in easily to pressure from others** |  |  |  |
| **Has poor control of temper** |  |  |  |
| **Challenges authority** |  |  |  |
| **Has caused damage to property** |  |  |  |
| **Verbally abuses peers** |  |  |  |
| **Verbally abuses staff** |  |  |  |
| **Displays aggressive behaviour** |  |  |  |
| **Has caused deliberate injury to peers** |  |  |  |
| **Has caused deliberate injury to staff** |  |  |  |
| **Displays sexually inappropriate behaviour** |  |  |  |
| **Attempts to manipulate / control others** |  |  |  |
| **Is at risk of self-harm** |  |  |  |
| **Drugs / alcohol have an impact on behaviour** |  |  |  |
| **Has brought in or used an offensive weapon** |  |  |  |
| **Has shown racist behaviour** |  |  |  |

\*Please note that J16 Officers may request a risk assessment for the student if they feel it is applicable dependent on the risk indicators above.