nescot

KEY STAGE 4 ALTERNATIVE PROVISION REFERRAL FORM - LINK PROGRAMME

Provider Requested

Learners Name:	
Current Setting:	

Pupil Details

Full Name: Known as:		Local Authority:	
Date of Birth:		FSM:	☐ Yes ☐ No
Nationality:		Current Attendance:	
Home Address:			
Emergency Contact 1:		Emergency Contact 2:	
Special Educational Needs/ Disability/ Medical Requirements/ Medical conditions:			

School and Referrer Details

School Details		Referrer Details	
Name:		Name:	
Position:		Position:	
Phone:		Phone:	
Email:		Email:	

Multi-Agency Involvement

Previous Alternative Provision:	

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Safeguarding Concerns: (Any current or historical concerns of importance)**:**	
Child Protection/ CINI Early Help	
Allocated Social Worker:	

Special Educational Needs	
Does the child receive SEN Support/ EHCP?	
Please describe the support being provided:	
EHCP Case worker:	

Please send a copy of the latest EHCP available via egress to consultforkst@nescot.ac.uk

Other Agency Involvement (e.g. SFS, EWO, CAMHS, EP):

Name:	Contact Details:	Information:

Risk Assessment – Please mark with x any that apply

Health and Safety ☐	Child Protection Issues ☐	Self-Harm ☐	Medical Concern/ Medication ☐	Absconding off-site ☐
Restraints ☐	Allegations against staff/pupils ☐	Assaults ☐	Criminal Activity ☐	Non Attendee ☐

Please attach behavioural and attendance report

Once this referral has been made the student and their parent/career will be invited in for a tour/interview, if we feel it is the right provision we will invite them in for some trial sessions and if all is successful then the referral will be accepted.

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