

Please fill in this form if you would like to register a pupil for a placement at PHOENIXPLACE.

Once submitted, our administrator will contact you to invite you in for initial chat with the Head or member of the Senior Membership Team. This form is not an acceptance of placement. Forms can be handed in or submitted to info@phoenixplace.co.uk If you need any further help, please contact us.

Referring Authority Details		
Name & Address of Referring Authority: <i>e.g. name of Academy, PRU, other</i>		Date referral made:

Contact Name: <i>(Best person to speak to about referral)</i>	
Designation:	
Tel:	
Email:	

About the child/young person				
Pupil Name:	D.O.B:	Age:	Year Group:	UPN:
First Language:	Free School Meals Y/N:	Proposed Start Date:		
Interpreter Required:	Ethnicity:	Duration of placement: <i>e.g. 2 terms, full year</i>		
Parent/Carer name and address:				Has the parent/carers been notified about this referral?
Post Code:				
Parent/Carer phone number(s)	1:			
	2:			
Parent/carers email address:				

Child/young person's need/s <small>(Please tick)</small>				
Statement of SEN:		Cognition & Learning		% Attendance level over last term:
School Based Support:		Communication & Interaction		
Other:		Social, mental & emotional health		
		Sensory and/or Physical		
School exclusion history: <i>If Yes please provide further information.</i>				
Perm/Fixed:				

Academic Attainment (national Curriculum test results/teacher assessments):		
Subjects	Date/s of assessment	Comments
English NC level of child or young person		
Maths NC level of child or young person		
Science NC level of child or young person		
Reading age of child or young person		
Spelling age of child or young person		

For Year KS4, add subjects currently being studied:			
Subjects:	Accreditation: Eg GCSE; BTEC	Exam Board & Course Code:	Latest mock/assessment result (if any)

Reason for referral
Reintegration Plan: Please provide details if applicable
Young person's interests and what they want to do for the future:

Proposed placement <i>(Please tick)</i>	Mon	Tues	Wed	Thurs	Fri
	<i>If part time, please tick proposed days</i>				
Full time					
Part time <i>(If PT state days)</i>					

Referrer Risk Assessment: Do any of the below apply?

Reason	Y/N	Reason	Y/N
Physical assault on pupil(s)		Bullying	
Physical assault on adult		Drug/alcohol misuse	
Sexually harmful behaviour		Theft from school premises/pupil	
Persistent disruptive behaviour (despite planned interventions)		Verbal abuse against adult	
Damage to property		Verbal abuse against pupil(s)	
Racial abuse		Running away	
Other:			
According to referrer – pupil’s risk to themselves		To be completed by Alternative Provider – suggested mitigation measures	
According to referrer – pupil’s risk to other children and young people		To be completed by Alternative Provider – suggested mitigation measures	
Are there any children or young people this pupil should not be placed with or who pose a risk?		<u>Please enter their full names:</u>	

Referrer should attach a copy of any relevant risk assessment or behavioural support plans already in place.

Before placement can commence;

- *Referring Authorities (RA) must provide all pastoral, academic and risk assessment information*
- *A Service Level Agreement must be discussed and signed between Referring Authority and the Alternative Provision*
- *Parents/carers must fill in all relevant documentation provided by PHOENIXPLACE.*

Thank you for taking the time to fill in this form. We will contact you shortly

PHOENIXPLACE
info@phoenixplace.co.uk
0207 703 7189