

REFERRAL FORM

SCHOOL-AGED LEARNERS

In order that consideration can be given to allocating a place please complete this form thoroughly and refer to the Service Level Agreement.

A **signature** is required to enable a referral to be processed.

Student Name:

UPN Number:

Student Address:

Is the child LAC? Yes No

Date of Birth:

Parent/Carer Name:

Parent/Carer Contact Number:

Current/Last School Attended:

Attendance % (last academic year):

Exclusion History (include number of days/reason for exclusion):

*Please provide all information relating to behaviour in schools (e.g. CPOMS log)

Referral by: School Local Authority Other
(for EHE & non-school roll learners) (please state below)

Main Contact Name:

Organisation Address:

Postcode:

Contact Telephone Number:

Attendance Contact Name:

Attendance Email Address:

Referral Details

Please state the reason(s) below why the student is being referred onto a Bradford College course of study (including any issues surrounding attendance, behaviour, attitude to learning).

Learning/Support Needs

Is the student currently on the SEN register

Yes No

If yes, what are the areas of need? C + L C + I SEMH P/S

Does the student have an Education, Health & Care Plan?

Yes No

(If yes, please tick to acknowledge you will meet the terms of the SLA)

Does the student have an Individual Education Plan? (If yes, please forward the current and previous plans)

Yes No

Does the student have any additional learning needs that may affect the delivery method for the course or have implications for Health and Safety?

Yes No

Does the student have any exam access arrangements?

Yes No

Does the student have any specific Physical Access needs?

Yes No

Does the student have the benefit of a learning support assistant for any part of their school week?*

Yes No N/A

Is the student eligible for free school meals? **

Yes No N/A

Is the student eligible for Pupil Premium Funding?

Yes No

If the answer to any of these questions is 'Yes' could you please supply brief additional details below:

*Please note the College only offers generic classroom support to school-aged learners.

** The College will ensure learners receive a meal where they are eligible.

Safeguarding

Are there any known safeguarding issues?

Yes No

Is the student open/known to Social Care; YOT; CAMHS; Police?

Yes No

Named Safeguarding Officer:

Contact Telephone Number:

If answered 'Yes', the named Safeguarding Officer will be contacted by a member of the College Safeguarding Team.

I confirm that the above named person is approved to attend the programme of learning at Bradford College. I confirm that the school/local authority retain responsibility for the young person whilst they attend Bradford College. **Schools only** – I confirm that the school agree to forward relevant EHCP/PPG funding and pay the place fee in line with the Service Level Agreement.

Signed:

Full Name:

Date: