

Sullivan Centre Referral Form

All Sections are mandatory
Forms will be returned if not fully completed which may delay support

Referring School		Please Indicate Level Of Support Requested	Home tuition <input type="checkbox"/> Placement at Sullivan Centre <input type="checkbox"/> Do you think this referral should be considered urgently due to special circumstances YES/NO
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Section 1:	Biographical Details					
Child's Name		Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Year Group
Address:						Post Code
Free School Meals	Yes <input type="checkbox"/> No <input type="checkbox"/>	Looked After Child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Open Child Protection Plan		Yes <input type="checkbox"/> No <input type="checkbox"/>
SEN Status	None <input type="checkbox"/> School Action <input type="checkbox"/> School Action Plus <input type="checkbox"/> Undergoing Statutory Assessment <input type="checkbox"/> EHCP <input type="checkbox"/>					
SEN Priority Reason	<input type="checkbox"/> Complex Medical/Physical Health <input type="checkbox"/> Mental Health		Ethnicity		First Language <i>If not English</i>	
Parent/Carer Name			Relationship		Contact Number	
Current details and history of the child's care arrangements and / or family circumstances:						

Section 2:	Information about the Child – if selected you must provide further information below					
Please Indicate concerns	Self harm Currently out of education Low attendance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mediation review Medical assessment/pending CAMHS Involvement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Safeguarding concerns Vulnerable Pupil Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please Give a Brief Description of Concerns						
School's Response to Concerns	IEP / PEP implemented Nurture Group Health & Safety Risk Assessment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Review of IEP / PEP Graduated support strategies Involvement from agencies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Emergency Annual Review Staff training undertaken Multi agency review meeting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Date of Last Meeting					
	Last Academic Year	Number of Exclusions Issued		Number of Days Excluded		
Attendance %	Current Academic Year <i>to referral date</i> %		Last Academic Year - Overall %		Open EWO Case	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Curriculum Levels			Basic Literacy Skills			
Subject	Level	Dated Assessed	Skill	Age	Date Assessed	
Maths			Reading			
English			Spelling			
ICT						
Science						

The Assessment Date must be within 9 months of referral

Please Give a Brief Description of the Pupil's Strengths and Interests

Section 3:	Supplementary Background Information
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Medical Information - Please indicate any known medical conditions / needs

ADHD ASD Asthma Diabetes Eczema Epilepsy Epi Pen Speech Impediment Wears Glasses
 Mental Health Other *Please give full details of any medical conditions highlighted above*

Agencies Involved - Please indicate which Agencies have been involved with the child within last 3 years:

Agency		Contact Name	Contact Number	Open Case
Social Care & Safeguarding	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Paediatrics	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Education Psychology Service	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
CAMHS	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Support Centre	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, please state				Yes <input type="checkbox"/> No <input type="checkbox"/>

In making this referral you and all parties are agreeing to the following terms. If the pupils secure a placement at Sullivan Centre or home tuition we expect:

- All parties to work together in partnership and to attend relevant review meetings
- The referring school will keep their child on the school roll during the placement
- The referring schools will send key staff to visit the pupil whilst on placement
- You will notify us of any concerns regarding attendance, safeguarding or wellbeing
- You understand the Sullivan Centre is offering a temporary placement subject to review

Information will be shared at the Sullivan Centre admissions panels from a range of agencies if they have involvement including: Educational psychology, CAMHS, speech and language therapy, specialist nursing & the local authority in order to determine if a place will be offered, in line with our admission policy

Child Protection procedures

Where staff have concerns that a child has been harmed or abused or is at risk of harm or abuse, then the relevant child protection procedures must be followed.

Section 4:	Please describe the school strategies tried by the referring school & all external agencies involved
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Section 5:	Parental View
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Please give details of any views that the parent / carer and child has regarding this referral

Parental Consent	The reason for the referral has been explained to me by the school and I agree to the referral being made	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I am aware of the information contained in this form and acknowledge the Data Protection Clause detailed in Section 7.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6:	Submission of Referral Form
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The form must be submitted electronically to The Sullivan Centre Panel – SullivanCentrePanel@vennacademy.org . Should you have any questions please contact 01482 585203.

Admission panel meetings will be held 6 weekly. If a referral is deemed as urgent/subject to special circumstances the referral will be considered shortly after receipt.

Please sign ensure both signatures are complete below for consideration – electronic signatures are not permitted.

Signature from referrer..... Date.....

Parental/Carer consent..... Date.....

Section 7: Data Protection Act 1998 & General Data Protection Regulation 2018

The information provided by you on this form is required for the purpose of providing appropriate support services for the identified child. This may be disclosed to other relevant Children and Young People Services and partner agencies for this purpose. Information will not be passed to any other third parties unless required to do so by law. All personal data used by Sullivan Centre will be securely retained for the duration that this is legally required. The subject of this data and those who exercise legal responsibility for them have the right to see this information if they so wish. All Sullivan Centre staff have been trained and follow the General Data Protection Regulation.