

## Home Tuition

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

<b>Name of main contact</b>		<b>Email address of main contact</b>	
<b>Referring School</b>		<b>Please Indicate Level Of Support Requested</b>	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

<b>Section 1:</b>	<b>Biographical Details</b>						
<b>Child's Name</b>		<b>Date of Birth Year group</b>		<b>Gender at birth</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Identified Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<b>Address:</b>						<b>Post Code</b>	
<b>Free School Meals</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Looked After Child</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Open Child Protection Plan</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>SEND Status</b>	None <input type="checkbox"/>	SEND Support <input type="checkbox"/>	Undergoing Statutory Assessment <input type="checkbox"/>			EHCP <input type="checkbox"/>	
<b>Referral reason</b>	<input type="checkbox"/> Complex Medical <input type="checkbox"/> Mental Health		<b>Ethnicity</b>		<b>First Language If not English</b>		
<b>Parent/Carer Name</b>			<b>Relationship</b>		<b>Contact Number</b>		
<b>Current details and history of the child's care arrangements and / or family circumstances:</b>							

<b>Section 2:</b>	<b>Information about the Child – if selected you must provide further information below</b>						
<b>Please Indicate concerns</b>	Self harm Currently out of education Low attendance Anxiety Substance misuse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suicide Ideation Medical assessment/pending CAMHS Involvement Eating Disorder	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Safeguarding concerns Vulnerable Pupil Injury Illness Stay in hospital/inpatient	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Please Give a Brief Description of Concerns</b>							
<b>School's Response to Concerns</b> <b>EVIDENCE MUST BE ATTACHED FOR ALL DOCUMENTS TICKED</b>	IEP / PEP implemented	<input type="checkbox"/>	Review of IEP / PEP	<input type="checkbox"/>	Emergency Annual Review	<input type="checkbox"/>	
	Nurture Group	<input type="checkbox"/>	Graduated support strategies	<input type="checkbox"/>	Staff training undertaken	<input type="checkbox"/>	
	Health & Safety Risk Assessment	<input type="checkbox"/>	Involvement from agencies	<input type="checkbox"/>	Multi agency review meeting	<input type="checkbox"/>	
	Headstart referral	<input type="checkbox"/>	Referral to EHASH	<input type="checkbox"/>	Referral to CAMHS	<input type="checkbox"/>	
	Date of Last Meeting regarding the child/family						
	<b>Last Academic Year</b>	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			Other		
Science					
<b>The Assessment Date must be within 9 months of referral</b>					
Please Give a Brief Description of the Pupil's Strengths and Interests					
Section 3: Please describe the school strategies tried by the referring school & all external agencies involved					

Section 4:	Supplementary Background Information			
Medical Information - Please indicate any known medical conditions / needs				
ADHD <input type="checkbox"/> ASC <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Epi Pen <input type="checkbox"/> Speech Impediment <input type="checkbox"/> Wears Glasses <input type="checkbox"/>				
Other <i>Please give full details of any medical conditions highlighted above</i>				
Agencies Involved - Please indicate which Agencies have been involved with the child within last 3 years: <b>Names and numbers/email must be provided</b>				
Agency	Contact Name	Contact Number & email	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 secures a placement at the Sullivan Centre classrooms or receiving 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 lead contact from the referring school will make contact at least once a week
- You will notify us of any concerns regarding attendance, safeguarding or wellbeing
- You understand the hospital education is short term provision which will be reviewed regularly
- The referring school will be responsible for organising and the payment of transport

Information will be shared at the Hospital Education admissions panels from a range of agencies, including: Executive Headteacher, head of school, SENCO, hospital classroom manager, 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 and service level agreement.

**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.

<b>Section 5:</b>	<b>Parental View</b>	
Please give details of any views that the parent / carer has regarding this referral		
Please give details of any views that the child has regarding this referral		
<b>Parental Consent</b>	The reason for the referral has been explained to me by the school and I agree to the referral being made 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Section 6:</b>	<b>Submission of Referral Form</b>	
The form must be submitted electronically to the Hospital Education referral panel. <a href="mailto:SullivanCentrePanel@vennacadey.org">SullivanCentrePanel@vennacadey.org</a> or please contact school on 01482 585203		
Admission panel meetings will be held 4 weekly. If a referral is deemed as urgent/subject to special circumstances the referral will be considered shortly after receipt. Feedback on referrals made will be provided within 5 working days.		



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.