



Heroes Student Referral Form



Provider Requested

Learners Name:	
Current Setting:	

Pupil Details

Full Name:		Local Authority:	
Known as:			
Date of Birth:		FSM:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:		Current Attendance:	
Home Address:			
Emergency Contact 1:		Emergency Contact 2:	
Special Educational Needs/ Disability/ Medical Requirements/ Medical conditions:			

Parent/carer details

First parent/carer name in full		Relation to pupil		Contact number	
Second parent/carer name		Relation to Pupil		Contact number	
Address					
Email address					

Transport arrangements

What arrangements have been made for the pupil to access provision(s)?	Taxi <input type="checkbox"/>	Parent/Carer <input type="checkbox"/>	Independent travel <input type="checkbox"/>
	Taxi company and Contact Number...	Parent/carer name and Contact Number...	Please provide details if known....

School and Referrer Details

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

Multi-Agency Involvement

Previous Alternative Provision:	
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 to info@heroestuitionltd.co.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

Academic Information (Current level)

Maths:		English:		Science:	
School-Based Assessments (e.g. Reading Age): (and any other relevant Educational Information that includes strengths, weaknesses and aspirations) Please send a copy of the latest school report if available.					
Reason for Referral: (Include Behavioral Emotional and Social factors, relevant information about family relationships and any other relevant information)					

What are the expectations and priorities of this placement?	
How will the placement be funded:	
ESFA Funded (Student on College roll)	
Full cost, from school (Student remains on school roll but attends at Nescot)	

Other indicators of risk

Please indicate whether any of the following apply to the pupil (x)

	Never	Occasionally	Frequently
Gives in easily to pressure from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has poor control of temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has caused damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abuses peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abuses staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has caused deliberate injury to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has caused deliberate injury to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Displays sexually inappropriate behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to manipulate / control others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is at risk of self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs / alcohol have an impact on behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has brought in or used an offensive weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has shown racist behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Kind Regards,
Heroes Centre LTD

01922 322411

info@heroestuitionltd.co.uk