**Impact North West Schools**

Headteacher: Jayne Jones

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 **Commissioned Placement Request Form**

All sections of the form must be completed providing as much information as possible to aid the process and ensure the school are fully informed and able to reach a decision in the best interests of the student. Missing information will delay or prevent the application from being processed.

Once the placement request has been completed –receipt of referral will be emailed, with a date of the placement panel the referral will be discussed at.

Following the placement panel, the outcome will be communicated to the school within 24 hours.

A Commissioned Placement at Impact North West School is chargeable at £150.00 +VAT per session.

Any additional support needed highlighted through an EHCP is charged on a individualised basis and confirmed at point of acceptance following the referral panel decision.

| **Key Stage** (please tick which programme you are applying for) |
| --- |
| **KS3** |  | **KS4** |  |

**Student’s Personal Details**

| Date of Referral |  |
| --- | --- |
| Unique Student Number |  |
| Full Name |  |
| Year Group |  |
| Date of Birth |  |
| Gender | **Male** | **Female** |
| Address |  |
| Postcode |  |
| Primary Spoken Language |  |
| Ethnicity |  |
| Religion/Belief |  |
| SEND status e.g. K/EHCP |  |
| Student is a Child Looked After | **Yes** | **No** |
| Social Care Status e.g. TAF/CIN/CP |  |
| Entitled to Free School Meal | **Yes** | **No** |
| Pupil Premium? Yes/No |  |  |

**Referring School Information**

| School name |  |
| --- | --- |
| UPN: |  |
| Named key link Staff Member |  |
| Telephone Number |  |
| Email Address |  |

**Educational Information**

| **Type** | **Name of School** | **Dates** |
| --- | --- | --- |
| Previous Primary School/s |  |  |
|  |  |
|  |  |
| Previous Secondary School/s |  |  |
|  |  |
|  |  |
| Off-site/alternative providers |  |  |
|  |  |
|  |  |

**Parent or Carer Details**

| Full Name |  |
| --- | --- |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email address |  |

| Full Name |  |
| --- | --- |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email address |  |

**Student Profile**

| **Subject** | **Current Attainment** | **Targets** |
| --- | --- | --- |
| English |  |  |
| Maths |  |  |
| Science |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **Attendance** |
| --- |
| **School Year** | **% Attendance** | **% Authorised Absence** | **% Unauthorised Absence** |
| Current School Year |  |  |  |  |
| Previous School Year |  |  |  |  |

| **Placement**(Please specify the benefits you feel would be gained for this intervention) |
| --- |
|  |

| **What specifically has led to this referral?**(Please provide as much detail as possible)  |
| --- |
|  |

| **Description of student’s needs** |
| --- |
|  |

| **Any areas of concern****Please also include any suspensions with dates and reasons** |
| --- |
|  |

| **Student’s Strengths and Interests (incl. curriculum strengths and interests)** |
| --- |
|  |

| **Strategies that have worked** |
| --- |
|  |

| **SEND profile***Does the student have any additional learning support needs/identified SEND needs? Do you have any prior attainment such as CATS/SATS scores? Please include any dates of EHCP assessments, SEND assessments/referrals made etc. Please upload latest SEND profile information* |
| --- |
|  |

| **Risk factors** |
| --- |
|  |

**School Consultation with Parent/Carer and Student**

| **Parent/Carer views on placement***This should include their aspirations, interests and understanding and views of the alternative educational provision.*  |
| --- |
|  |

| **Student’s views on placement***This should include their aspirations, interests and understanding and views of the alternative educational provision.*  |
| --- |
|  |

**Multi-Agency Profile**

| **Agency** | **Practitioner** | **Involvement** | **Report** | **Brief description of intervention\*** |
| --- | --- | --- | --- | --- |
| **Past 12 months** | **Current** |
| Children’s Social Care |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| CAMHS |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Educational Psychologist |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Family First |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Fire Service |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| School Nurse |  | **Yes/No** | **Yes/No** | **Yes/No** |  |
| Other Services |  | **Yes/No** | **Yes/No** | **Yes/No** |  |

\*all available reports relating to the intervention must be attached

**Agreement to share information**

| * I/We understand that the information I/we give will be used to get the services to help me and my family.
* I/We understand that the information I/we have provided may be shared only where it is necessary, and the law allows it. The information may be shared with other teams and services.
* I/We understand that under no circumstances will you share my/our personal information with third parties for commercial purposes.
* I/We understand that information that I/we give is kept safe, secure, and treated confidentially.
* I/We understand that my information will only be shared without my/our permission to protect children or vulnerable adults from harm; or to aid the prevention and detection of crime.
 |
| --- |
| **Parent/Carer** |  | **Date** |  |
| **Student** |  | **Date** |  |

**Signatures**

| **School**  |  | **Date** |  |
| --- | --- | --- | --- |

**If you have any queries relating to the information required please email** referrals@impactnorthwestschools.org.uk