

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.

Student Name:

UPN Number:

Student Address:

Is the child LAC? Yes No

Date of Birth:

Parent/Carer Contact Name:

Current/Last School Attended:

Attendance % (last two terms):

Authorised absence % (last two terms):

Exclusion History (last two terms - include number of days/reason for exclusion):

Referral by:

School

Local Authority
(for EHE & non-school roll learners)

Other
(please state below)

Contact Name:

Organisation Address:

Postcode:

Contact Telephone Number:

Contact 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).

Academic Profile / National Curriculum levels/ Teacher assessment / assessment tests. Where possible give dates of assessment:

	Teacher Assessment	Controlled Assessment	Date	Access arrangement in place? Y/N	Evidence of normal way of working from Y9
English					
Maths					
Reading age					
Spelling age					
CAT Score					

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?

Yes No

(If yes, please forward the current and previous plans)

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 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 Child Protection Officer:

Contact Telephone Number:

If answered 'Yes', the named Child Protection 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: