

**REFERRAL FORM 2024/25**

Please complete ALL sections of this form to ensure a successful referral to CP Riverside School.

The details you provide are CONFIDENTIAL and will be classed as personal data under the General Data Protection Regulation.

The form is designed to be completed electronically and boxes will expand as you type.

It is essential that copies of all recent attendance certificates, positive and negative behaviour logs and academic progress or achievement reports are sent to support this referral.

Failure to supply supporting documentation may delay the referral process and the date of admission. Once completed the form should be emailed to referrals@cpriverside.co.uk

**COMMISSIONER’S PROFILE**

|  |  |
| --- | --- |
| School/ Academy/ Local Authority |  |
| Primary Contact Name |  |
| Primary Contact Details | Phone |  |
| Email |  |
| DSL Name |  |
| DSL Contact Details | Phone |  |
| Email |  |
| SENCo Contact Name |  |
| SENCo Contact Email Address |  |
| Purchase Order or Finance Contact |  |
| Commissioning School Principal |  |
| Date of Referral |  |
| Reason(s) for Referral (Please highlight the relevant reason(s) for referral) | Student has already accessed a range of interventions in mainstream school without significant impact |
| Student has explored their school’s in-house inclusion facility and is still presenting significant challenge |
| Student would benefit from a personalised education and small class sizes to stabilise behaviour and aid progress and achievement |
| Student has a clear need for a different learning model and opportunities as offered at CP Riverside School |
| Other reason (please specify) |
| Type of Referral(Please highlight the relevant type of referral) | A **full time** Year 8 placement with a view to a return to school for Year 9 |
| A **full time** Key Stage 3 placement through to the end of Year 9 |
| A **full time** Key Stage 4 placement until the end of Year 11 |
| A **part time** Key Stage 4 placement until the end of Year 11 subject to availability |

**STUDENT’S PROFILE**

|  |  |
| --- | --- |
| Student’s Name |  |
| Date of Birth |  | Age |  |
| Current School Year |  | Gender |  |
| Student’s Home Address |  |
| Accessibility Requirements |  |
| Unique Learner Number (ULN) |  | Unique Pupil Number (UPN) |  |

|  |  |  |
| --- | --- | --- |
| Does the student fall into a pupil premium group? | YES(If YES, highlight the relevant PP categories below) | NO |
| Looked after child or Previous Looked after child | Adopted Child | Service child |
| Eligible for free school meals | Previous entitlement to Free School Meals | Other (please specify) |

**EMERGENCY CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent or Carers | Name: | Relationship: |  |
| ContactNumber(s) | Mobile: |  |
| Landline: |
| Address (If different from above) |  |
| Emergency Contact Details | Name: | Relationship: |  |
| ContactNumber(s) | Mobile: |  |
| Landline: |
| Address (If different from above) |  |

**ATTENDANCE PROFILE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year 8 | Year 9 | Year 10 | Year 11 |
| Present Attendance % |  |  |  |  |
| Authorised absence % |  |  |  |  |
| Unauthorised absence % |  |  |  |  |
| Recorded lates |  |  |  |  |
| Number of fixed term exclusions |  |  |  |  |
| EWO involvement | YES / NO |
| EWO Contact Details |  |
| Date of last attendance |  |

**SUSPENSION HISTORY OVER THE LAST 12 MONTHS**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Suspension | Length of Suspension (Days) | Reason for Suspension | Intervention/Prevention Measures Put in Place on Return to School |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **ACADEMIC PROFILE**

|  |  |  |  |
| --- | --- | --- | --- |
| Subjects Studied This Year | Currently Working at Grade (KS3/GCSE/FS/Equivalent) | Date of Assessment | Attitude to Learning |
| English |  |  |  |
| Maths |  |  |  |
|  |  |  |  |
|  |  |  |  |
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Attitude to Learning Key

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| --- | --- | --- | --- |
| 1 – Outstanding | 2 – Good | 3 – Requires Improvement | 4 – Poor |

Baseline Assessments:

|  |  |  |  |
| --- | --- | --- | --- |
| Reading Age (YY:MM) |  | Chronological Age when Tested (YY:MM) |  |

Qualifications Already Achieved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification Name | Awarding Body | Level | Grade | Date Achieved |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Post-16 Aspirations:

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| --- |
| Please provide an indication of the student’s current career aspirations. |
|  |

**SEND/MEDICAL PROFILE**

|  |  |
| --- | --- |
| Does the student have a diagnosed SEND/Medical need? If YES please state and give details below | YES / NO |
| Does the student have any other SEN/AEN? If YES please state and give details below | YES / NO |
| Does the student have a current Education Health Care Plan (EHCP)? | YES / NO | If YES please attach a copy |
| Does the student have an Individual Education Plan or similar in place?  | YES / NO | If YES please attach a copy |
| Does the student have a risk assessment in place?  | YES / NO | If YES please attach a copy |
| Does the student have any examination access requirements in place?  | YES / NO | If YES please attach evidence |
| Does the student… | If YES please describe / provide details |
| Have any physical needs that require reasonable adjustment to be made to the learning environment? |  |
| Self-administer any prescribed medication that requires adult supervision during the school day? |  |
| Require an adult to administer any medication on their behalf during the school day? |  |

**SEND INTERVENTION HISTORY**

Please list any intervention that has taken place in the last 12 months

|  |  |  |
| --- | --- | --- |
| Reason for Intervention | Work Undertaken During Intervention | Impact of intervention |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**INDIVIDUAL STUDENT RISK ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| Situation/Risk | Comments or control measures | Risk LevelLow Medium High |
| At home |  |  |
| Being transported |  |  |
| Whilst off site |  |  |
| Break/Lunch times |  |  |
| Relationships with adults |  |  |
| Likelihood of absconding |  |  |
| Likelihood of carrying a weapon |  |  |
| Likelihood of involvement with illegal substances |  |  |
| Likelihood of self-harm |  |  |
| Likelihood of engaging sexually with another student |  |  |
| Likelihood of risk to others (violence) |  |  |
| Self-control or ability to regulate |  |  |
| Ability to use the internet safely |  |  |
| Relationships with peers |  |  |
| Relationships with staff |  |  |
| Adaptability to new situations |  |  |
| Following instructions |  |  |
| Ability to handle stress |  |  |
| Ability to resolve conflict & move on |  |  |
| Acceptance of correction |  |  |
| Accepts responsibility for actions |  |  |

|  |
| --- |
| Other important/relevant information: |
| Strategies to respond to any concerns: |

**ADDITIONAL RISKS AND VULNERABILITIES**

Please highlight relevant area(s) of risk below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CurrentSocial CareInvolvement | PreviousSocial CareInvolvement | Current Multi Agency Involvement | WitnessedTrauma | Does Not Live with BirthParents |
| Known Child Protection Concerns | Aggressive / Erratic Parent(s) | Risk of Missing Episodes | Current/Previous Substance Misuse | At Risk of Offending / Has Offended |
| Risk of Child Sexual Exploitation | Allegations Made Against Members of Staff | At Risk of Self Harm or Has Self Harmed | At Risk of Radicalisation | Risk of Peer on Peer Abuse |
| Incidents of Racial Abuse | Physical Assault or Restraint | Verbal Assault | Bullying | Damage to Property |
| Arson | Theft and Stealing | Risk of Inappropriate Internet Usage | Poor Social Interaction / Withdrawn | Young Carer |
| At Risk of Becoming NEET | Known to Be Sexually Active | Incidents of Absconding Off Site | Self-removal From Lessons | Previous Incidents on Trips / Visits |

**EXTERNAL AGENCY INVOLVEMENT**

Please state whether any assessment is in progress or has been requested. Also attach any other relevant information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Current*(Please tick)* | Expired*(Please tick)* | Contact Name | Contact Details(Telephone and Email) | Assessment or Intervention to Date |
| YJS |  |  |  |  |  |
| Police |  |  |  |  |  |
| CAMHS |  |  |  |  |  |
| Nottingham Futures |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| Social care |  |  |  |  |  |
| Other |  |  |  |  |  |

This form has been completed by:

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organisation: |  |
| Date: |  |

General Data Protection Statement:

In accordance with the General Data Protection Regulation (2018) the personal information collected on this form will be stored and processed electronically to manage this referral and will be stored on the student’s record. It will not ordinarily be disclosed to anyone outside the School without first seeking permission, unless there is a statutory reason for doing so.