

## Alternative Provision Referral Form

Please refer to the Manual for Schools (Section 2) when completing this referral form (available on the 14-25 Progressions Team section at <http://www.lifelonglearningandskills.org>)

Student name					
Chosen name if different from above				<b>M/F</b>	
Address					
School/Service					
Date of Birth		Free School Meals		Y/N	
UPN		Year Group			
<b>Progression Programme</b>			Re- engagement Programme	New Arrival Support Programme (Full time AP)	
Flexible		Direct			

This Referral Form has been proposed by:					
Name					
Job Title					
Telephone		Email:			
Signature		Date			

This Referral / Learning Plan has been agreed with:		
Student Signature		Date

This Referral / Learning Plan has been approved by: (To be completed by the Local Authority)			
Name			
SCC signature		Date	
<b><u>Is parental consent form signed and attached?</u></b> <b>(Request will not be processed unless the consent is received)</b>			Yes/No

## PART 1: Learner information

Any other Agency involvement with this student e.g. YOT , Social Services	
Please describe any interventions, 1:1 work and any triggers that may affect the student from engaging.	

**Please complete the attached ILP. Schools should complete the information contained within the bold boxes.**

## Part 2: Additional considerations

Attendance record	
Educational Needs	
Is the student a Looked After Child?	<b>YES/ NO</b> <b>Name of designated teacher in school:</b> <b>Direct telephone:</b> <b>Email:</b>
Is the learner a Young Carer? If yes please give details of any arrangements needed when the learner is attending off-site provision ?	<b>YES/ NO</b>
Safeguarding concern?	<b>YES/ NO</b> <b>Safeguarding Lead in school:</b> <b>Direct telephone:</b> <b>Email:</b>
Any medical conditions, if "Yes" please give details	<b>YES/ NO</b>

Any additional attachments – Please specify	
Any other comments  For example: <ul style="list-style-type: none"> <li>• if the learner has drug or alcohol problems</li> <li>• if there are concerns about behaviour or honesty</li> <li>• if the learner is recently bereaved</li> <li>• any other issues which may affect this learner's progress at an off-site placement</li> </ul>	

**PART 3: Courses/Activity requested**

	Provider	Activity	Start date/days requested
1			
2			
3			

<p style="text-align: center;"><b>Completed forms should be sent to:</b></p> <p>14-25 Progressions Team Lifelong Learning, Skills and Communities 145 Crookesmoor Road Sheffield, S6 3FP</p> <p style="text-align: right;">0114 229 6145</p> <p>Completed forms must be given in person or sent to the named Placement Support Officer.</p> <p>If a form is to be emailed, it must be encrypted and protected by a password using either Winzip (version 9 or higher) or 7 zip software. Please email this to <a href="mailto:ECT@sheffield.gov.uk">ECT@sheffield.gov.uk</a> Forms can also be sent securely (without a password) using the Anycomms Plus portal at <a href="https://anycommssheffield.avcosystems.com/login.aspx">https://anycommssheffield.avcosystems.com/login.aspx</a> Hardcopies must be stored in locked cabinets. E-storage must be password protected.</p>
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**Consent Form for 14-25 Alternative Provision Programme**

Please return this completed form and the Referral Form to the school/other referral agency as soon as possible.

**Name of child:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Information about the Alternative Provision Programme**

Please find enclosed the Referral Form to enable your child (or the person you have legal parental rights to) to take part in the 14-25 Alternative Provision Programme.

As the school/other referral agency will have explained, that AP is a programme to offer your child the opportunity to gain work experience and develop skills outside of the school environment with carefully selected training providers.

The AP scheme is run by Sheffield City Council’s ‘14-25 Progressions Team’, who will review the referral forms and find an appropriate training provider. This will require information about your child contained in the attached referral form to be disclosed to the Progressions Team and selected training providers to help support your child during the programme.

The Progressions Team and the training provider will not disclose this information to any other party without your permission unless there is a legal requirement or duty for them to do so or if there is a risk of serious harm or threat to life.

All providers are required to ensure the health and safety and insurance requirements are met, but there will be times (for example breaks, lunchtimes, possibly travel to and from the placement) where your child is unsupervised. This also includes occasions where your child leaves the site before the normal finishing time. In such circumstances, every effort will be made to inform you.

**Please complete the following information:**

**Medical /allergy conditions**

Any **medical or allergy conditions** a Provider would need to know about **Yes / No**  
If “Yes” give details:

**Emergency Contact Details**

	Contact 1	Contact 2
Name		
Mobile number		
Landline		
Relationship to student		

## Photographs, videos & other images

Occasionally, we may take photographs of the students on the Alternative Provision Programme. We may use these images in our prospectus or in other printed publications that we produce, as well as on our website. We may also make video/DVD or webcam recordings for conferences, monitoring or other educational use.

From time to time, our setting may be visited by the media who will take photographs or film footage of a high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer questions 1 to 7 below, then sign and date the form where shown.

### **Please circle as appropriate:**

- 1) May the 14-25 Progressions Team use your child's photograph in our prospectus and other printed publications for promotional purposes? **Yes / No**
- 2) May a provider use your child's photograph in their prospectus and other printed publications for promotional purposes? **Yes / No**
- 3) May the 14-25 Progressions Team use your child's image on the Lifelong Learning website? *Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.* **Yes / No**
- 4) May a provider use your child's image on their own website?  
*Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.* **Yes / No**
- 5) May we record your child's image on video/DVD or webcam? **Yes / No**
- 6) Are you happy for your child to appear in the media? **Yes / No**
- 7) May we use your child's image in an Alternative Provision or training provider newsletter? **Yes / No**

### **Consent to access the Alternative Provision Programme:**


I **agree** for my child to take part in the Alternative Provision Programme and work-related learning activities out of school. **Yes / No**

I **agree** for my child to travel in a staff car or minibus, in a case of emergency or school related activity. **Yes / No**

**I have read and understood the conditions of use.**

**Name (in block capitals):**.....

**Parent's or guardian's signature:**.....**Date:**.....

Name: Alias:		Photo (if available)					Student Passport Individual Learning Plan					
D.O.B.							Progression / Engagement		Start date:		Completed by:	
School:							Review date:					
LAC:							Key Stage 2 Levels			Current Levels		
FSM:							Maths			Maths		
Days of attendance:							English		English			
Mon	Tues						Weds	Thurs	Fri	ESOL Reading		ESOL Reading
					ESOL Writing		ESOL Writing					
Attendance 2016-17 (by percentage):												
Autumn 1		Autumn 2			Spring 1		Spring 2		Summer 1		Summer 2	
My strengths in school are:						I find these subjects/things difficult:						
These things help me in lessons:						These are my targets in all lessons:						
Important things in my life / things you need to know about me:						My hobbies and interests are:						
My short term goals:						My long term goals:						

	Subject / Qualification	End of KS2 level	Current level	Teacher predicted end of year level	End of year Y11 target <i>(based on KS2 level where applicable)</i>	Subject Specific targets: <i>(Needs to be specific, measurable, achievable realistic, time-bound)</i>	Students Initials	Date Completed and Evidence
Provided by School	English							
	Maths							
Provided by AP <i>(These should be both academic and personal development targets)</i>								

Signed

\_\_\_\_\_  
Learner

\_\_\_\_\_  
Parent/Carer

\_\_\_\_\_  
School

\_\_\_\_\_  
Provider