

Welburn Hall School

Kirkbymoorside, North Yorkshire, YO62 7HQ **Headteacher**: Marianne Best **Tel**: 01751 431218 **Email**: admin@welburn-hall.n-yorks.sch.uk **Web**: www.welburn-hall.n-yorks.sch.uk



Alternative Provision Referral Form: Please return the completed form to Jenna: j.kendell@welburn-hall.n-yorks.sch.uk

Referral

School name and address:

Form completed by (key school

contact):						
Email address:						
Contact telephone nu	ımber:					
Learner Details		1				
First Name:			Surname:			
Date of Birth:			Gender:			
Current School			Unique			
Year:			Learner			
			Number: (thi the number used exams)			
Free School Meals:	Yes / No		Pupil Premium:		Yes / No	
Ethnicity:						
First Language:						
Religion:						
First Language:						
Home Address:						
Telephone number:	Home:		Mobile:			
Email Address:			·		•	
Social care involvement: Yes / No						



Child Protection:		Yes / No				
Child in Need:		Yes / No				
Details:						
Name of Social Worker:						
Telephone Number:						
Email Address:						
Other Agency Involvement						
Agency	Current	Expired	Relevant Details			
Educational						
Psychologist						
Youth Offending						
Team						
CAMHS or other						
Mental Health Services						
Social Care						
Attendance						
Monitoring Officers						
Safeguarding						
Please attach a up to date and relevant Individual Risk Assessment.						
Is the child/young person at risk of:						
Offending/Criminal	Yes	/ No	Details:			
Exploitation:						
Bullying or being bul	lied: Yes	s / No	Details:			

Arson:	Yes / No	Details:			
Physical Assault:	Yes / No	Details:			
Young Carer:	Yes / No	Details:			
Self-harm:	Yes / No	Details:			
Sexual Exploitation:	Yes / No	Details:			
Absconding:	Yes / No	Details:			
Substance Misuse	Yes / No	Details:			
Medical Needs					
Medical:					
Known Allergies:					
Dietary Requirements:					
Accessibility					
requirements:					
<u>Attendance</u>					
Current Author	authorised	Date of last			
Attendance (%) Absence (%) attendance					

	1	1							
Exclusion History for the last 12 months									
Dates of exclusion Length of				<u> </u>					
From			exclusion		Reason for internal/external exclusion				
		(days)							
Education	n Profile								
Subject				Level					
				Level					
English									
Reading									
Writing									
Maths									
<u>Identified</u>	Identified Needs								
Does the child or young person have an EHCP? Yes / No									
If No, Is the child or young person classified as SEN Support? Yes / No									
Educational needs:									
Social needs:									
Emotional and Mental Health needs:									

Other identified needs:					
Have you sought	Yes /	No			
parental					
permission for					
this placement?					
Parents views:					
Γ=	_				
Provision requested	d:				
12 weeks		Monday and Wednesday			
12 Wooks		MandayorM	Wednesday (L		
12 Weeks		Monday or Wednesday (please circle day required)			
36 Weeks		Monday and Wednesday			
36 Weeks		Mondayor	Vodposday (classes sizely decreased)		
36 weeks		Monday or Wednesday (please circle day required)			
L					
			T		
Signed:			Date:		

Please note we will be holding regular, half termly admission panels for The Orchard. Admission will be at the discretion of the panel, based on the needs of children already accessing the provision and the needs of those applying. Where there is no need for this consideration, places will be allocated on a first come/first served basis.