**The Pivot Academy Referral Form**

**AIP/SCHOOL/LAC REFERRAL FORM**

**Please ensure that all relevant sections are completed with supporting information/documents added. Failure to do so will slow down the process.**

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| AP Placement (Leeds East) |

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| Date of referral: Person Making the referral: Preferred start date: |
| **Section 1: What are you expecting from this placement? – (Can you please be specific)** |
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| **Section 2: Referring School** |
| Current School:Named School Contact:Position in School:Has this referral been agreed by your finance team?School Address:Tel. No. and extension if applicable:Email:Previous School History: (with dates and reasons for leaving)Please state (with dates) any managed moves/alternative provisions or interventions | YES/NO |

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| **Section 3: Student Details** |
| Full Name: (inc middle names)Date of Birth:Current School year:UPN No:Gender:Ethnicity:Address:Student Tel. No:Have you discussed this referral with the young person and how do they feel about it?How will the student travel to Pivot?  |  |

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| **Section 4: Parent/ Carer details** |
| **1st** Priority Contact Name:Relationship to StudentAddress: (if different from student)Tel.No:Does this person have parental responsibility?**Family make-up:** outline family members and other key relations that are significant: **2nd** Priority Contact Name and tel number: **EMERGENCY** **contact** details:Name:Address:Telephone number:Relationship to student: | Yes / No (please delete appropriately) |

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| **Section 5: Social Information / Supporting Agencies**  |
| LAC/CLAEligible for Free School MealsEligible for Pupil Premium**(Cleckheaton AP Placement only)**Traveller ChildTeenage parentYOT involvementPolice involvementCAMHs involvementEALOTHER? | YES/NOin all cases, if **‘YES’** please provide detailsYES/NOYES/NOYES/NOYES/NOYES/NOYES/NOYES/NOYES/NOYES/NOYES/NO |

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| **Section 6: Safeguarding / Child Protection** |
| CiN Y/N | CP Y/N | LAC Y/N | EITS Y/N |
| Date of last CiN / Core Group / Conference / LAC review / PEP / TAF: |
| Date of next CiN / Core Group / Conference / LAC review / PEP / TAF: |
| Social Worker details: |
| IRO details: |
| Summary of concerns: |

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| **Section 7: Student Medical information** |
| **Medical** **History**: – (please provide details of any medical conditions, medication, dosage, administration or other services involved)Also – does the student have any;Known allergiesDietary requirementsAccessibility IssuesOther information we should know about |  |

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| **Section 8: Academic Profile – prior attainment & current National Curriculum level/Teacher Assessment. Where possible give dates of assessment.** |
|  | KS2 | KS3 | KS4 |
| English/LiteracyMaths/NumeracyReading AgeSpelling AgeCAT Scores |  |  |  |

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| **Section 9: Behaviour and Attendance** |
| Current Attendance %:Authorised Absence %:Date of last Attendance at school:Fixed Term Exclusion History :Permanent Exclusion History:Is a Risk Assessment in place | **(Please send current attendance certificate)**Yes / No (please provide)Yes / No (please provide) |

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| **Section 10: Risk Identification – Please tick all risks** |
|  | Never | Rarely | Sometimes | Often |
| Physical risk / injury to self (e.g. wall punching) |  |  |  |  |
| Physical harm to other students |  |  |  |  |
| Physical harm to school staff |  |  |  |  |
| Harms animals |  |  |  |  |
| Verbally aggressive / violent to other students |  |  |  |  |
| Verbally aggressive / violent to staff |  |  |  |  |
| Verbally abusive (including racial, sexual) |  |  |  |  |
| Inappropriate sexual behaviour |  |  |  |  |
| Makes allegations against staff |  |  |  |  |
| Loss of temper resulting in ‘red mist’ |  |  |  |  |
| Arson – committed or attempted |  |  |  |  |
| Unpredictable behaviour |  |  |  |  |
| Threats made with weapons (e.g. scissors) |  |  |  |  |
| Has been found in possession of an offensive weapon |  |  |  |  |
| Throws items at others (e.g. pens, chairs) |  |  |  |  |
| Damage to property including graffiti and vandalism |  |  |  |  |
| Persistent disruption in lessons |  |  |  |  |
| Use of illicit substance(s) |  |  |  |  |
| Absconding on own |  |  |  |  |
| Absconding with others |  |  |  |  |
| Climber (roof, trees, fences) |  |  |  |  |
| Theft (smaller items e.g. pens) |  |  |  |  |
| Theft (significant items e.g. staff purse) |  |  |  |  |
| Persistent defiance |  |  |  |  |
| Refusal to follow instructions |  |  |  |  |
| Gang Affiliation |  |  |  |  |
| At risk of sexual exploitation  |  |  |  |  |
| Physical intervention required occasionally |  |  |  |  |
| Physical intervention required often |  |  |  |  |
| Transport issues |  |  |  |  |
| Other – please state |  |  |  |  |

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| **Section 11: SEND** |
| School SENCO : Name (if different to person completing form)School SENCO : Contact No.School SENCO : EmailSEND Register EHCPMy Support PlanSEMHPrimary NeedSecondary NeedIs there a specific diagnosis? (e.g. ASD, ADHD, OCD, Dyslexia) | Yes / NoYes / NoYes / NoYes / No(If Yes please give details) |

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| **Section 12 Checklist: Please identify once you have attached all the essential documents by ticking which you have sent** | **Please tick or add N/A** |
| **Essential Documents required prior to accepting a referral:**1. Behaviour Logs
2. From Section 5 - Social Information / Supporting Agencies
3. Any appropriate information from Safeguarding / Child Protection
4. Attendance certificate
5. Attainment grades
6. Current Timetable
7. EHCP – (Where applicable)
 | 1.2.3.4.5.6.7. |
| **Desirable Documents to support your referral where applicable:**1. Copies of any GCSE coursework that has been completed along with specification studied. Latest subject leader report along with current and predicted grades. Any books which have been studied for GCSE English.
2. PHP
3. Early Help Plan -
4. LAC/CLA, CiN, CP information (dates of last/ next reviews). If LAC/CLA the last PEP targets
5. IEP
6. Risk assessment
7. My support plan
 | 8.9.10.11.12.13.14. |

**Please note: Pivot Academy will not proceed without the above information. Please email in advance if you feel that any of the above are not relevant.**

Thank you for taking the time to complete this referral.

Please note that any cancellation of placement, after acceptance of the place, will be subject to a 6 week notice period.

Please return this form to: ruth.oates@pivot-group.co.uk

**Ruth Oates**
Admissions

* Phone: 07949590999
* Address: Unit 12 Killingbeck Drive, Leeds, LS14 6UF
* Website: [www.pivot-group.uk](http://www.pivot-group.uk/)
* Email: ruth.oates@pivot-group.co.uk

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PIVOT OFFICE USE ONLY:

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| Was the referral form complete: YES/NODate all information complete: | Has this referral been accepted: YES/NO |
| Next Actions: transition and induction plans/ planned meetings /school visits: | Start Date into provision: |