Alternative Provision Referral Form
Bounce Back

Student name							
Chosen name if different from above			**M/F**				
Address							
School/Service							
Date of Birth			Free School Meals		Y/N		
UPN			Year Groups				
Progression Program me				Reengagement 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	
<u>Is parental consent form signed and attached?</u> **(Request will not be processed unless the consent is received)**			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?	**YES/ NO** **Name of designated teacher in school:** **Direct telephone:** **Email:**
Is the learner a Young Carer? If yes please give details of any arrangements needed when the learner is attending off-site provision ?	**YES/ NO**
Safeguarding concern?	**YES/ NO** **Safeguarding Lead in school:** **Direct telephone:** **Email:**
Any medical conditions, if “Yes” please give details	**YES/ NO**

Any additional attachments – Please specify	
Any other comments For example: • if the learner has drug or alcohol problems • if there are concerns about behaviour or honesty • if the learner is recently bereaved • any other issues which may affect this learner's progress at an off-site placement	

PART 3: Courses/Activity requested

	Provider	**Activity**	**Start date/days requested**
1			

2			
3			

Completed forms should be sent to:

Bounce Back Eclipse Gymnastics
King Edward Street
Grimsby
N.E lincs
DN31 1JX

becky@eclipsegynastics.co.uk

Completed forms must be given in person or sent to the named Placement Support Officer.

Consent Form for 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 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 N.E Lincolnshire Council, 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		

Consent to access the Alternative Provision Programme:

I ***agree*** for my child to take part in the Alternative Provision Programme

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):……