

**NovaCity: Alternative Provision Request Form.**

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| **Pupil Details** |
| Pupil Name |   |
| Chosen name if different from above |   |
| Address |  |
| School/Service |  |
| Date of Birth |  |
| UPN |  | Free School Meals |  |
| LAC |  | Pupil Premium |  |
| Illnesses/Medical History  |  | Year Group |  |

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| Name of Person Completing Referral |  | Sign |  |
| Position |  | Date |  |
| Email Address |  | Contact Number |  |
| School  |  |  |  |
| DSL Name |  |  |  |
| Email Address |  | Contact Number |  |
| AttendanceEmail |  | Contact Number |  |

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| **Project / Learning Programme requested** |
| **Project** Please tick/or highlight the project that is required for your student. | **Learning Program/Ideal Timetable**Please tick what you would like to see on your students timetable  | **Logistics**  |
| 12/13 Week ReintegrationKS3 Alternative Provision KS4 Alternative ProvisionOne on One Support Alongside School Timetable  | GCSE FINE ART AND PHOTOGRAPHYGCSE SPORTS STUDIESGCSE HEALTH AND SOCIAL PSCHEPOST 16 CAREER PROGRESSIONPE/SPORTING ACTIVITIES CPAFOODTECH SOCIAL SKILLSNUMBEROUSY/LITERATURE SUPPORT WITH SCHOOL SUBJECTS, PROVIDED BY SCHOOL | **Ideal start Date****Amount of Days Required****Ideal Days Required** MonTuesWedThursFri |

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| **PART 1: Learning Information** |
| How does the student learn best? |  |
| What are the student’s strengths? |  |
| What strategies have been successful?Please describe any interventions 1.1 work and any triggers that effect the student from engaging. |  |
| Any other agency involvement with this student e.g. CYT, Social, Care, MAST, CAMHS |  |
| Is child working at, below or above expected level in literacy and numeracy |  |
| Is the child currently on a reduced timetable at school? Please provide details |  |

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| **PART 2**: **Additional Considerations** |
| Attendance record |  |
| Educational needs |  |
| Special educational needs Describe SEND profileDoes the child have a K code? |  |
| Is the child a looked after child? |  |
| Is he learner a young carer? If yes please give details of any arrangements needed when the learner is attending off site provisions? |  |
| Safeguarding concern?e.g Child Protection Plan Child in Need |  |
| Is there any previous safeguarding concerns we should be aware of? |  |
| Any medical conditions, if yes please give details |  |
| Any additional attachments – Please specify |  |
| Any other commentsFor example:If there are concerns about behaviorIf the learner is recently bereavedAny other issues which may affect this learners progress at an off-site placement |  |

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| Parents/Guardians Details |
| Parents/Guardian Name |  |  |  |
| Contact Number |  | Email Address |  |
| Social Worker Name (If applicable) |  |  |  |
| Contact Number |  | Email Address |  |

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| **Completed forms should be sent to**:Lisa Beebe BrownBarbotHall Industrial Estate Unit 1, Mangham Way,Rotherham, S61 4RJ.**Or Emailed to:**Lisa Beebe Brown: novacitycentre@gmail.com |