

**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 |  |
| Attendance  Email |  | 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 Reintegration  KS3 Alternative Provision  KS4 Alternative Provision  One on One Support Alongside School Timetable | GCSE FINE ART AND PHOTOGRAPHY  GCSE SPORTS STUDIES  GCSE HEALTH AND SOCIAL  PSCHE  POST 16 CAREER PROGRESSION  PE/SPORTING ACTIVITIES  CPA  FOODTECH  SOCIAL SKILLS  NUMBEROUSY/LITERATURE  SUPPORT WITH SCHOOL SUBJECTS, PROVIDED BY SCHOOL | **Ideal start Date**  **Amount of Days Required**  **Ideal Days Required**  Mon  Tues  Wed  Thurs  Fri |

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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 profile  Does 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 comments  For example:  If there are concerns about behavior  If the learner is recently bereaved  Any 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 Brown  BarbotHall Industrial Estate  Unit 1, Mangham Way,  Rotherham, S61 4RJ.  **Or Emailed to:**  Lisa Beebe Brown: novacitycentre@gmail.com |