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# Student Referral & Risk Assessment Form

**Please complete all sections of these forms and return to:** **Info@chance2change.co.uk**

**Alternatively, you may complete the forms in black ink and post to Chance 2 Change.**

# Student Referral

|  |  |
| --- | --- |
| **Date of Referral:** |  |
| **Name of Placing School/LA department:** |  |
| **Invoicing Contact details:**  |  |
| **Contact Person/Keyworker:** |  |
| **Number of Sessions Required:** |  |

|  |  |  |
| --- | --- | --- |
| **Full Name** |  | **Nickname**: |
| **Date of Birth** |  | **Sex: M F** |
| **Home Address** |  |
| **School Year** |  |
| **UPN** |  |
| **Family Details** |
| **Name of Parent/Carer** |  |
| **H Telephone** |  |
| **M Telephone** |  |
| **Emergency Contact Details** |
| **1st Name** |  |
| **Telephone** |  |
| **2nd Name** |  |
| **Telephone** |  |
|  |
| **Pupil Premium** | Eligible | Yes | No |
| **Ethnicity** |  |
| **Language** |  |
| **Religion** |  |
| **Attendance %** |   | Attendance certificate attached YES/NO | EWO involvement YES/NO |
| **Temp/Perm Exc** | If Temp, how long for? |
| **EHCP (If Yes, please attach)** | Yes | No | Category/Description of need: |
| **LAC** | Yes | No |
| Social Worker Name**:** | Address:  |
| Email: | Contact Number: |
| Lead Professional: | Emergency Duty Team: |

**Other Agencies Involved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Contact Name** | **Email** | **Telephone** |
| YOT |  |  |  |
| CAMHS |  |  |  |
| MASH |  |  |  |
| Youth Worker |  |  |  |
| Other, please specify  |  |  |  |

**Education Details**

|  |  |
| --- | --- |
| **Attendance certificate attached** YES/NO | **Latest school report attached** YES/NO  |
| **Behaviour records attached** YES/NO | **Total number of days exclusion external -****Total number of days exclusion internal -** |
| **Details of any school and outside agencies interventions**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Maths** | **English** | **Science** |
| **CATs Scores** |  |  |  |
| **KS2** |  |  |  |
| **KS3** |  |  |  |
| **KS4** |  |  |  |

|  |  |
| --- | --- |
| **Current Education Provision** |  |
| **Days attending** |  |
|  |  |

**At Chance 2 Change we offer a range of accredited qualifications to students who are dedicated to achieve. Please select the subjects the student would like to be supported to achieve whist at Chance 2 Change.**

**\*You can only select 1 red choice and 1 blue choice.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Functional Skills Maths | Functional Skills English | Mentoring | Health and Safety Awareness | Employability Skills | Business and Enterprise | Sports | Construction | Food | Childcare | Beauty |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Current Pupil Profile** |
| **English** Exam BoardGCSE/Functional Skills TargetCurrent attainment Level Controlled assessment MarksControlled assessment/s attached  | **Maths** Exam BoardGCSE/Functional Skills TargetCurrent attainment Level Controlled assessment MarksControlled assessment/s attached |
| **ICT** Exam BoardGCSE/OCR/ Functional SkillsTargetCurrent attainment Level Controlled assessment MarksPupil module/s attached  | **Science** Exam BoardGCSE/BTEC TargetCurrent attainment Level Single or Double awardISA assessment/s attached |
| **Current Option Subject/s information** |
| SubjectTargetCurrent attainment Level Controlled assessment MarksBooks/file/assessments attached | SubjectTargetCurrent attainment Level Controlled assessment MarksBooks/file/assessments attached | SubjectTargetCurrent attainment Level Controlled assessment MarksBooks/file/assessments attached |
| **Pupil Strengths** |
| **Factors promoting Learning/De-escalation strategies** | **Factors Inhibiting Learning/Possible Triggers** |
| **SEN Details**Does the Student have specific Special Needs? If yes for what reason?Report/s attached YES/NO |
| **What are the main reasons for referring this young person to Chance 2 Change?** |
| **Medical Details (Confidential)** This confidential information is required to ensure that an appropriate safe environment can always be provided for the young person and any health-related issues that may affect the activity or placement can be identified and dealt with. This will enable us to provide any additional equipment or support that may be required. Please read the following list of medical conditions and tick the appropriate box if the young person suffers from the condition. |
| **Epilepsy**  | **Asthma** | **Heart Condition** | **Skin Allergies** | **Diabetes** | **Restrictions to physical activity** |
| **Hearing impairment** | **Vision difficulties** | **Fits or fainting attacks** | **Vertigo** | **Recent injury** | **Other** |
| **Details of Medication** |  |
| **Dr’s Name Tel No.** |  |
| **I confirm that he/she does not have any medical condition which, in my opinion, could result in any unnecessary risk to his/her health and safety or the health and safety of another person.****Signature** **Date**  |

Risk Assessment Form

To be completed by the referring School/LA prior to admission.

|  |  |
| --- | --- |
| Pupil Name |  |
| School/LA authority |  |
| Completed By |  | Date Completed: |

*\*The following criteria have been drawn from OSTED Inspecting in early years, education and skills settings Published 2015*

**\*\*please ensure you place a tick in the yes or no box for ALL vulnerability criteria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Vulnerability Criteria | **Yes** | **No** | **Comments** |
| 1 | Neglect |  |  |  |
| 2 | Physical Abuse |  |  |  |
| 3 | Sexual Abuse |  |  |  |
| 4 | Emotional Abuse |  |  |  |
| 5 | Bullying, including online bullying and prejudice-based bullying |  |  |  |
| 6 | Racist, disability and homophobic or transphobic abuse |  |  |  |
| 7 | Gender based violence/violence against women and girls |  |  |  |
| 8 | Radicalization and/or extremist behavior  |  |  |  |
| 9 | Child sexual exploitation and trafficking |  |  |  |
| 10 | Impact of new technologies on sexual behavior, eg sexting |  |  |  |
| 11 | Teenage relationship abuse |  |  |  |
| 12 | Substance misuse |  |  |  |
| 13 | Domestic violence |  |  |  |
| 14 | Female genital mutilation (FGM) |  |  |  |
| 15 | Forced marriage |  |  |  |
| 16 | Fabricated or induced illness |  |  |  |
| 17 | Poor parenting  |  |  |  |
| 18 | Self-harm |  |  |  |
| 19 | Suicidal thoughts |  |  |  |
| 20 | Anxiety  |  |  |  |
| 21 | Physical and verbal abuse towards student/staff |  |  |  |
| 22 | Local community issues e.g County Lines/Gang activity/Youth violence inc weapons |  |  |  |
| 23 | Other issues not listed above that pose a risk to this pupil |  |  |  |
|  |  |
|  | **Overall Safeguarding Risk Assessment**  | **Low** | **Medium** | **High** |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_