|  |
| --- |
| Young Person’s Details |
| Forename |  |
| Surname |  |
| Date of Birth |  | Year Group in Sep20 |  |
| Gender |  | Free School Meals |  |

|  |
| --- |
| Parent / Carer / Emergency Contact Details   |
|  | First contact | Second contact (*necessary please)* |
| Name |  |  |
| Relationship (eg. Mother) |  |  |
| Home Tel |  |  |
| Mobile Tel  |  |  |
| Email Address |  |  |
| Home Addressincl Post Code |  |  |
| How will student get to and from Thrive @ The Mix?  |

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| --- |
| School Contact Details |
| Application made by |  |
| School |  |
| Contact Address |  |
| Contact Tel |  |
| Contact Email |  |

|  |
| --- |
| Safeguarding Information |
| CICCAF / TAC / CIN / CP Plan | Y / N | If yes, name and contact details of Co-Ordinator / Social Worker: |
| Other agencies involved? (please list below with name / organisation / contact details)E.g.: Youth Offending Service/Educational Psychology/Educational Welfare Officer/Integrated Delivery Team  |
| School Senior Designated Safeguarding Lead  | Name, contact number, email: |

|  |
| --- |
| Academic Attainment |
|  | Previous levels (ie SS) | Current levels / grades | Target grade | Details of course / exam board / content being covered |
| English |  |  |  |  |
| Maths |  |  |  |  |
| Science |  |  |  |  |
| Other subjects |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Medical Details |
| Doctors Name |  |
| Surgery  |  |
| Tel Number |  |
| Known Medical Issues |  |

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| --- |
| SEN Information |
| No SEN |  |
| SEN Support |  | Description of Need: |
| EHCP |  |
| Application details |
| What are the young person’s strengths?What interests the young person? What are the reasons for application?In what areas has young person been struggling?How does this present itself? (attitudes, behaviour, attendance, exclusion details)Are there any know reasons / triggers?  What interventions / support have been tried? How have these helped?What do you want to achieve through this time at Thrive? |

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| Acknowledgement |
| I acknowledge that the information within this referral is complete and accurate at the time of writing and that I have the consent of the Young Person and appropriate Parents / Carers to share this information. |
| Signed |  |
| Print Name |  |
| Position |  |
| Date |  |

|  |
| --- |
| Young Person / Parent Consent |
| Young Person Signature |  | Date  |  |
| Parent Signature |  | Date  |  |

Image consent

We may take photographs or videos of young people and their work at Thrive to celebrate successes. We may use these images in young people’s folders, our prospectus, in displays and on our website or for local media. We will not use young people’s names.

To comply with the Data Protection Act, we need your permission before we can photograph or make any recordings of your child. Please tick and sign below to give your consent.

I give permission for my child’s image to be taken and used at Thrive in their work, in displays and

in the prospectus, on the website or for local media. We will not use young people’s names.

Parent’s / carer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Off-site activities consent

At Thrive we like to be able to take young people in to the local community, when relevant, to extend their learning as part of their normal day. This may involve going to the local town, visiting a business, using public or staff transport. All young people will be fully supervised at all times.

I consent to my child taking part in trips and other activities that take place off-site and to them being given urgent medical/dental treatment or necessary pain relief during any trip or activity. All off-site activities are appropriately risk assessed and insured. I also understand the extent and limitations of this insurance (details available on request).

Parent’s / carer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note – this application form will be stored on file until it is destroyed in line with GDP regulations. Information will only be discussed confidentially in a professional capacity.

**Support Plan (including risk assessment)** for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please include as much detail as possible.

|  |  |  |
| --- | --- | --- |
| What my behaviour can look like: | Previous triggers: | What to do to help me prevent this: |
| What do you currently and previously feel / do / say when stressed? (*include any FTE details*) | What is known to be unhelpful? What circumstances are difficult? What has led to past difficulties? (*include any significant incident details*) | What precautions can be put in place? What do you know helps you to calm down? (*include risk assessment details*) |

|  |  |
| --- | --- |
| What helps me to focus and learn: | What you need to know about me: |
| What do you need us to know / do / support you with to help you enjoy learning? | What do you enjoy? What makes you smile? (please attached One Page Profile where possible) |

Date: Completed by: (school staff please complete with student)