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| Referral Form  Medical Needs Education Service  Chapel House provision |

*This referral form should be completed by a consultant or other medical professional currently working with the young person.*

*Input from the young person’s school should be added to support this referral.*

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| Referral completed by |  |
| Role |  |
| Organisation |  |
| Telephone number |  |
| Email |  |
| Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil’s full name:   |  |  | | --- | --- | | When did the referrer first see the pupil? |  | | Date of next appointment / review with referrer |  | | What treatment is the pupil currently receiving (therapy / clinics etc.) | | | Does the pupil engage in this? | | | Do the family engage? | | | Reasons for absence from school: | | | Adjustments and support by school:  *Please outline what has been put in place by the school to address the absence (including referral by school to other agencies such as EP or the Inclusion and Attendance Service)* | | | | | | | |
| Date of Birth: | | Age: | | Pupil’s school year: | |
| Parent/Carer's name: | | | | Telephone No.: | |
| Home address: | | | | | |
| Name and address of any other person who has parental responsibility: | | | | Telephone No.: | |
| Is the young person Looked After by the Local Authority? Yes/No  Residential Unit: Fostered: Other: | | | | | |
| If an FCAF exists, please attach a copy (please tick). | | | | |  |
| Is the pupil currently receiving Free School Meals? | Yes | | No | | Don’t know |
| Current school:  Name of contact:  Phone number: | | | | | |
| Previous schools attended: | | | | | |
| In cases where the referral is made because of a pupil’s pregnancy, please give the expected due date of delivery: | | | | | |

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| How many hours of education provided by the Chapel House provision is the pupil able to access? | 0-5 hours per week | 5-10 hours per week | 10-20 hours per week | 20+ hours per week |
|  |  |  |  |
| For how many weeks do you estimate teaching is required? |  | | | |

Information sharing

Becton School work alongside our colleagues in the NHS to share information which assist us to better support our pupils. Discussions will be stored on the young person’s health record and school records.

Please indicate below that permission to share information has been sought with both the pupil and their parent/carer:

Parent/Carer permission

Pupil permission

Current involvement of other Educational Services/other Agencies

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes/No | Name of contact | Date of Referral |
| Educational Psychology Service |  |  |  |
| Learning Support Service |  |  |  |
| MAST - Engagement with Learning |  |  |  |
| MAST - Attendance |  |  |  |
| MAST – Family Support |  |  |  |
| Youth Offending Team |  |  |  |
| Police |  |  |  |
| Social Care |  |  |  |
| CAMHS |  |  |  |
| School Nurse |  |  |  |
| Sheffield Children’s Hospital (including Ryegate) |  |  |  |
| Multi Systemic Team |  |  |  |
| Connexions |  |  |  |
| Other – please specify |  |  |  |

Special Educational Needs

|  |  |  |
| --- | --- | --- |
| Please complete the following: | YES | NO |
| Does the pupil have an EHCP? |  |  |
| Does the pupil have a My Plan? |  |  |
| Date of last annual review or meeting: | | |

Attendance

|  |  |
| --- | --- |
| What is the pupil’s current attendance percentage? *Please attach a current Registration Certificate* |  |
| Why is the pupil not able to access school at this time?  *Please give a history of concerns* | |

Any additional notes from school / CME team

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Please attach any other relevant information.

Access Arrangements

It may the case, due the pupil’s health needs, that they are eligible for access arrangements (such as additional time or prompts) during formal examinations. This referral document can be used as evidence for the access arrangements. Please indicate below if you DO NOT give permission for the referral document to be used.

I do not give permission for the referral document to be used.

Signed:

Date:

Once completed please send this referral *as an encrypted attachment, with password sent in a separate email*, to [mkilner@nexusmat.org](mailto:mkilner@nexusmat.org)

or by post to:

Mel Kilner/Gary Smith

Chapel House

Hillsborough Barracks

Langsett Road

Sheffield  
S6 2LW

Or via NHS email to mel.kilner@nhs.net