

14-16 SCHOOL LINKS ALTERNATIVE SCHOOL PROVISION

Student Referral 2017 – 2018

Please ensure that all sections of this form are completed so that the referral can be fully considered.

Key Stage 4 School Links Alternative School Provision:

Please indicate (tick) the service provision(s) below that you wish to commission.

- ESOL Programme (English for Speakers of Other Languages)**
- Supported Learning Programme**
- Work Related Learning Programme (WRL)**

**LEWISHAM
SOUTHWARK
COLLEGE**

schoolpartnerships@LSCollege.ac.uk
020 3757 3353

WELCOME TO LEWISHAM SOUTHWARK COLLEGE

Lewisham Southwark College's 14 - 16 School Links programmes offer flexible, responsive and inclusive learning environment. The assessment and qualification framework defines and shapes what students study and how they learn. A key factor in raising achievement is our robust technical and academic curriculum, that captures a personalised and inclusive learning environment to meet individual student needs. Our objectives are to address learning barriers, raise retention and achievement rates; promote employability and social skills and improve academic progress.

Due to a wide range of factors, the 14 - 16 year olds who attend the College can face barriers in achieving the KS4 National Curriculum. Some students may have gaps in their education and initially lack an awareness of how to engage positively in a diverse, adult learning environment. The College aim is to tailor its curriculum so students can engage in technical, academic and practical work based learning.

At Lewisham Southwark College, students will learn in an interactive environment where they are encouraged not just to learn, but also to ask questions and join in debates. Our tutors are experienced specialists in their field, and often would have worked in their chosen industry.

Some students may have the opportunity to participant in work experience, which will give them a taste of working life and enable them to try out their new skills in the real world. Whichever course your students choose, they will get excellent on-going support from our Student Support team to ensure that they acquire the most out of their college experience.

We are looking forward to working with you over the next year - striving together to continue to raise standards and to improve the life chances and choices for young people at Lewisham Southwark College.

Kieren McIntosh
Head of Student Services

Section 1: Student details

First name:

Surname:

DOB:

Gender:

Ethnicity:

School On Roll:

Year group:

UPN:

Home address
(including postcode)

.....
.....
.....
.....

Name of parent/carer
With parental responsibility

.....

Parent/carer number

Home:

Work:

Mobile:

Parent/carer email

.....

Student's GP details

GP name & address:

.....

GP telephone number:

.....

.....

Home language/s

.....

Is an interpreter needed?

.....

If from abroad, country arrived from:

Date arrived in the UK

Country of origin (if different)

Does the student speak English? (please circle)

Yes

No

For young people who have arrived from outside the EU - (Please attach evidence showing any entry visas to the UK, along with confirmation of accessing public funds.)

Section 2: Referring School / Organisation details

Person making referral

Job Title

Name of school/organisation:

Full Address
(including post-code)

.....
.....
.....

Telephone number
(including extension)

Work:

Work Mobile:

Email

.....

Contact details of person
to discuss any student
issues (If different from
above).

Name:

Job Title:

Telephone:

Email:

Contact details of person
that weekly attendance
should be sent to
(If different from above).

Name:

Job Title:

Telephone:

Email:

Contact details of person
to be invoiced for the cost
of the placement
(If different from above).

Name:

Job Title:

Telephone:

Email:

Has this student attended
any alternative provision/s
(PRU, College, specialist
support unit), with dates
and reasons for leaving?

Yes No

If yes, please name below:

.....
.....
.....

Section 3: Attendance

Achievements:
Level achieved at KS3 Assessment
include current levels and GCSE
predicted grades**

Qualifications achieved (if any)

KS3
English:
Maths:
Science:

Student punctuality

a) Good b) Cause for concern

If (b) explain what action has been taken

Education History:
for the last three terms: please
state academic years

Academic year:
Autumn term: ___% Spring term: ___% Summer term: ___%

Does the student have an Education Health care plan?

YES (Please attach IEP and copy of EHCP and complete table below)

NO

Date of EHCP	Matrix Band	Need identified in EHCP	List support needs required while student attends the college

Are there any factors which affect student attendance?

Yes (Please give details below) **No** (Please go to section 4)

.....

.....

.....

.....

.....

Has any action been taken in regard to attendance

(e.g. court letters, attendance orders etc)

Yes (Please give details below) **No**

.....

.....

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.....

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Section 5: Student Learning Abilities

<p>Student strengths, areas of interest & skills set Please provide a copy of the student's most recent school report</p>	<p>.....</p>
<p>What are the key developmental areas that the student needs to improve on? i.e. behaviour, educational, social skills etc.</p>	<p>.....</p>
<p>Why do you think a college place would benefit this applicant?</p>	<p>.....</p>
<p>Please state general interactions and relations with peers</p>	<p>.....</p>
<p>Attitude and relations with teachers/or other members of staff</p>	<p>.....</p>
<p>What are the student's aspirations to work/career pathway?</p>	<p>.....</p>
<p>Describe student's attitude to learning/ school</p>	<p>.....</p>
<p>Parental/Carer support and interest in the young person's education:</p>	<p>.....</p>
<p>Has the student had any fixed term, internal or other exclusions?</p>	<p>Yes <input type="checkbox"/> **If yes, add all incident report/s, behaviour logs and exclusion letters or behaviour plans to this referral form ** No <input type="checkbox"/></p>
<p>Any other relevant information you feel will help us in supporting this student?</p>	<p>.....</p>
<p>Please state the preferred skill area the young person may be interested in: <i>Availability depends on demand</i></p>	<p>Sport <input type="checkbox"/> Construction <input type="checkbox"/> Health and Child care <input type="checkbox"/> Beauty <input type="checkbox"/> Hospitality and Catering <input type="checkbox"/></p>

Section 7: Supporting agencies involved with the student

Has the pupil been referred to or is involved with the following support services:	Yes / No / Not Applicable	Please provide contact details of the agency/service involved & a brief description of the student's involvement with them or append this information to the referral.
SENCO	
Attendance Officer (EWO)	
Education Psychologist service	
Children's Social Care	
Youth Offending Team/Service	
CAMHS or other mental health professionals	
Police: Please declare known criminal convictions	
Gang or serious youth violence intervention services	
Troubled / Aspiring Families	
Drug & Alcohol Action Team	
Has the pupil been referred to the school nurse or GP?	
Any other agencies or services, not listed above, involved with this student?	

Section 8: Identified risk

0 = Very unlikely 1 2 3 4 5 = Highly Likely	Identified Risk: This information will inform the College on relevant support requirement	0	1	2	3	4	5
	1. Physical risks the young person presents to themselves e.g. self-harming, threats of self-harming						
	2. Physical risks the young person presents towards peers						
	3. Physical risks the young person presents towards adults particularly school staff or carers						
	4. Unpredictable behavior						
	5. Irrational behaviour						
	6. Persistent defiance						
	7. Refusal to follow instructions						
	8. Truancy from lessons/absconding						
	9. Verbal aggression towards peers						
	10. Verbal aggression towards staff						
	11. Threatening behaviour towards peers						
	12. Threatening behaviour towards staff						
	13. Issues around alcohol misuse						
	14. Issues around drug or solvent abuse						
	15. Gang affiliation						
	16. Anxiety entering particular postcodes / area						
	17. Damage to property						
	18. Committed or attempted to commit Arson						
	19. Has been found in possession of an offensive weapon						
	20. Verbal bullying of peers						
	21. Physical bullying of peers						
	22. Unsubstantiated allegations against staff						
	23. Sexually inappropriate behavior towards others						
	24. At risk of sexual exploitation						
	25. Physical intervention required						
	26. Risk relating to transport issues to and from school?						
	27. Any Risk issues relating to food or drink?						
	28. Other factors which should be taken into consideration? e.g. Other trigger points						

PARENTAL CONSENT:

We, the above named school, have obtained parental consent for this information to be shared and have gained parental agreement for the pupil to attend Lewisham Southwark College.

Referrer Signature:

Name (Please print):

Date:

HEAD TEACHER'S CONSENT:

ALL PUPILS WILL BE REQUIRED TO BE ON A SCHOOL ROLL -

The head teacher's agreement to this referral must be obtained.

When a pupil is accepted onto the KS4 Alternative Provision the school will be charged the appropriate fee as agreed with Lewisham Southwark College. It is therefore requested that this referral form is authorised by the head teacher and agree to the funding contract.

Head teacher's consent: I agree that this referral may be made and the information given on this form, as well as any relevant information from other sources, may be made available to Lewisham Southwark College.

Signed:

Name (Please print):

Position:

Date:

Please add school stamp:

Thank you for your interest in Lewisham Southwark College. Should your pupil be successful in gaining a place at the College, the placement will be subject to the signing of the College's Service Level Agreement with the school/ education provider/Local Authority and the confirmation of the funding of the placement. In the event of a young learner being withdrawn from the programme at any stage, or is withdrawn by the partner school or college, school may be liable to pay full fees at the discretion of the college.

Please send all completed applications to:

School Partnership Officer
Lewisham Southwark College
Lewisham Way
London SE4 1UT

Or :

Email: schoolpartnerships@LSCollege.ac.uk

Telephone: **0203 757 3353**

College staff only:

Date referral and additional information received:

Application successful **unsuccessful**

Date of interview:

Additional Comments: (Why Successful or Unsuccessful)

PLEASE RETURN THIS FORM TO:

School Partnership Team
Lewisham Southwark College
Lewisham Way
SE4 1UT

Please email to:
schoolpartnerships@LSCollege.ac.uk

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