

The Key Alternative Provision Referral Form:

Section 1: Referrer's Details

Referring Agency/Organization:

Referrer's Name:

Position/Role:

Contact Number:

Email Address:

Date of Referral:

Section 2: Student's Information

Student's Full Name:

Date of Birth:

Gender:

Year Group:

Home Address:

Parent/Guardian Name:

Parent/Guardian Contact Number:

Parent/Guardian Email:

Section 3: Current Educational Setting

Current School:

Current Year Group:

Attendance (%):

Reason for Referral (please select):

☐ Academic Difficulties

☐ Behavioural Issues

☐ Mental Health Support Needed

☐ Special Educational Needs (SEN)

☐ School Exclusion

☐ Other (Please specify):

Section 4: Details of the Referral

Reason for Referral (please provide details):

Has the student received any support from other services (e.g., CAMHS, SEN, Social Services)?

☐ Yes ☐ No If yes, please provide details:

Key Objectives for Alternative Education (e.g., re-engagement, exam support):

Section 5: Medical and Additional Needs

Does the student have any medical conditions or additional needs (e.g., allergies, mental health needs)?

☐ Yes ☐ No

If yes, please specify:

Does the student have an Education, Health and Care Plan (EHCP)?

☐ Yes ☐ No

Section 6: Consent

Has consent been obtained from the student/parent/guardian for this referral?

☐ Yes ☐ No

Parent/Guardian Signature:

Date:

Referrer's Signature:

Date:

Office Use Only

Referral Received By:

Date: