Diagram

Description automatically generated with low confidence

***“Working in Partnership for Continuity in Education”***

Head of Service: Mrs Julie Hudson

**Email: referralshes@wirral.gov.uk**

**REQUEST FOR SERVICE FORM FOR HOME EDUCATION**

* Please complete all sections of the form as fully as possible and email to the above address.
* Please annotate the subject line with *Referral*, *Student’s Name* and *Today’s Date*.
* All relevant documents should be attached to the returned form, **including information from appropriate medical practitioners.**
* Schools must inform the student’s parents/carer prior to the referral being made.
* Blank referral forms are available by request or on the Wirral Local Offer site: [www.localofferwirral.org](http://www.localofferwirral.org)

**Please note: the referral pathway is designed to be detailed enough to give a full picture of each child .**

**However, as every case is different , we aim to minimise delay in arranging appropriate provision.**

**Please do not hesitate to contact the Service directly to discuss cases before or during referral.**

**All information provided will be treated confidentially**

**Section 1: Pupil’s personal details**

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| --- | --- | --- | --- |
| **Date of referral:** |  | **Received:**  **(office use only)** |  |
| **Name of Referrer:**  **Position of Referrer:** |  | **Referrer Contact Number:** |  |
| **School or**  **Organisation:** |  | **Referrer Contact**  **Email:** |  |

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| --- | --- | --- | --- |
| **Pupil name:** |  | **Pupil’s DOB:** |  |
| **Current school:** |  | **Year group:** |  |
| **Contact person/role:** |  | **Tel:** |  |
| **Safeguarding Contact Name:** |  | **Safeguarding Contact No:**  **Email Address:** |  |
| **UPN:** |  | **UCI: (Yr 9, 10 & 11)** |  |
| **SWIFT No (if applicable):** |  | **ULN (KS4 only):** |  |

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| --- | --- | --- | --- |
| **Full Address of pupil**  **(including Postcode):** |  | | |
| **Main Parent/Carers Name 1:** |  | **Home Tel No:** |  |
| **Relationship to pupil:** |  | **Mobile No:** |  |
| **Address:**  **(if different to pupil’s)** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Parent/Carers Name 2:** |  | **Home Tel No:** |  |
| **Relationship to pupil:** |  | **Mobile No:** |  |
| **Address:**  **(if different to pupil’s)** |  | **Email:** |  |

**Section 2:** **Background**

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| --- | --- | --- | --- | --- | --- |
| **Reason for referral. Please complete this section as fully as possible and include information from family, school, and any other relevant organisations.**  **Please give FULL details about any SEND.** | | | | | |
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| **Does the pupil and his/her family know of, and support, this referral?** | | |  | | |
| **Date that the school received consent for this referral to be made:** | | |  | | |
|  | | |  |  | |
| **Strategies and interventions attempted** | | | | | | |
| **Intervention** | **Expected Outcome** | **What worked? What did not work?** | | | | |
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|  |  |  | | |  | |
| **Brief description of relationship with family, include name of parent/carer(s) .** | | | | | | | |
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**Section 3: Health and Medical Information**

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| **This information should come from appropriate medical practitioners (eg CAMHS for SEMH/Oncology for Cancer Treatment). If specific medical evidence is not in place, then please include what is available and state details of any ongoing referrals in process. Medical practitioners are welcome to contact the Service directly.** | |
| **Clinicians should provide their clinically assessed opinion on the young person`s health and how it isimpacting on their ability to attend**.  The medical referral should confirm why the pupil is unable to attend school and state if appropriate, how long alternative provision is likely to be the needed.  Statutory guidance states that evidence should be “specific” such as that provided by a consultant, however in order to avoid delays the Wirral Home and Continuing Education Service will accept evidence from a GP . GP only referrals will initially be considered as an interim referral in order to avoid delays, but should be further supported by specialist evidence in order for the provision to match the clinical needs of the pupil which may change over time. | |
| **Medical referral attached or embedded** | **Referral requested/date of request** |
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**Section 4:** **Educational information**

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| Please attach all assessment data to date, including target outcomes. |
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| **Current Identified Need/Provision** | **Details attached (please tick)** | **Current Identified Need/Provision** | **Details attached**  **(please tick)** |
| IHCP |  | EHCP/SEN/PFA  Under Assessment |  |
| Differentiated curriculum |  | EVER6/FSM/PUPIL PREMIUM |  |

**Section 5:** **Other Services Involved**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Has the pupil had any involvement with: (√)** | | | | | | | | | | | | | | | |
| **TAF:** |  | **CIN:** |  | **CP:** |  | **CLA:** |  | **Earl:** |  | **YOT:** |  | **Wirral SENDIAS:** |  | **Other:** |  |
| **Please give details including dates and names of all other practitioners involved:** | | | | | | | | | | | | | | | |
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**Section 7:** **Other Information**

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| **Do you know of any reason, why it would be inappropriate for a home visit to be made by a lone worker?** |  |
| **If yes, please, give more details.** | |
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| **Any other relevant information, exclusions, transition from primary to secondary education etc.** |
|  |
| **Please attach any assessments that have been undertaken: Educational Psychologist, SALT, etc** |

**Referral made by (print name):**

**Signed:**

**Date:**

**IMPORTANT**

**The first 12 weeks of home education is funded through the Home Education Service budget, thereafter schools pay £125/week per pupil.**

**Year 11 pupils remain on the roll of their school whilst the pupil premium (if appropriate) is transferred to HCES.**