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| **For MHS office use only** |
| Referral number | Enter referral number here |
| Date referral received | Enter date here |

**Please read below the advice and guidance for completing this referral form before you begin;**

* The form is split into 3 sections. Section 1 should be completed by an education professional. Section 2 should be completed by a medical professional. Section 3 should be completed by the young person’s Parent/Carers.
* The form should be typed, not handwritten.
* Schools should have completed and registered an initial Early Help Assessment (EHA) prior to submitting a referral form to the Manchester Hospital school. Please include the completed EHA when submitting this referral form.
* Before completing this form, schools are required to read the following documents to ensure that they have fulfilled their statutory duties and also considered relevant guidance relating to pupils with medical and mental health conditions.

[Supporting pupils with medical conditions guidance, DFE 2015](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

[Anxiety Based School Avoidance Guidance](https://search3.openobjects.com/mediamanager/manchester/fsd/files/anxiety_based_school_avoidance_manchester_schools_guidance_document_sept_2021_2.pdf), MCC 2021

[Summary of responsibilities where a mental health issue is affecting attendance, DFE Feb 2023](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1136965/Summary_of_responsibilities_where_a_mental_health_issue_is_affecting_attendance.pdf)

* If a section of this application form is not complete then this will delay our ability to complete the referral process and for the application to be considered at our admissions panel. Referrals will not be considered unless section 2 is completed by a medical professional.

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| **Section 1: This section must be completed by an Education Professional.** |
| **Education Referrer Information** |
| Full name of referrer | Enter name here |
| Referrer Role | Enter Role Here |
| Referrer School Name | Enter School Name here |
| Referrer School Address | Enter School Address Here |
| Referrer Contact number | Enter contact number here |
| Referrer Email Address | Enter email address here |

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| **Personal Details of Young Person Requiring Support** |
| Full Legal Name | Enter Name Here |
| Preferred Name | Enter Name Here |
| Date of Birth | Enter Date Here |
| Gender | Enter Gender Here | Preferred Pronoun | Enter Pronouns Here |
| Young Persons Home Address | Enter Address Here |
| Current Year Group | Enter Year Group Here |
| Date Pupil Started at your school | Enter Date Here |
| Ethnicity | Enter Ethnicity Here |
| Please tick any below that apply; |
| EAL |[ ]  Pupil Premium |[ ]
| Free School Meals |[ ]  Service Child |[ ]
| **SEN Information – Please tick any below that apply;** |
| EHCP |[ ]  Undergoing EHCP Assessment |[ ]
| SEN Support |[ ]  Not Applicable |[ ]
| If you have ticked any of the above, please provide more details such as what date was the ECHP granted? If undergoing assessment, when was the ECHP applied for? Is there a draft EHCP? What SEN Support is provided? | Enter Further Information Here |
| **LAC Information – Please tick any below that apply;** |
| LAC |[ ]  Adopted |[ ]
| Previously LAC |[ ]  Not Applicable |[ ]
| If you have ticked any of the above, please provide more details such as dates. When did the LAC or Adoption start? When did the LAC end? | Enter Further Information Here |
| **Safeguarding Information – Please tick any below that apply;** |
| Child Protection Plan |[ ]  Early Help |[ ]
| Child In Need Plan |[ ]  Not Applicable |[ ]
| If you have ticked any of the above, please provide more details. Please provide a brief chronology including start and end dates. | Enter Further Information Here |
| Does the young person have any accessibility requirements? |
| Yes |[ ]  No |[ ]
| If yes, please provide more details. |  |
| **Does the young person have a PEEP?** |
| Yes |[ ]  No |[ ]
| If yes, please attach a copy with this form |
| Please provide details of the named school DSL; |
| Name of DSL | Enter the name of the DSL here |
| Contact Number for DSL | Enter the phone number for the DSL here |
| Email Address for DSL | Enter the email address for the DSL here |

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| **Other agencies or professionals involved with this pupil;** |
| Name of professional | Agency or Role | Contact details | Duration of involvement |
| Enter the name here | Enter the agency or role here | Enter the contact details here | Enter the duration of involvement here |
| Enter the name here | Enter the agency or role here | Enter the contact details here | Enter the duration of involvement here |
| Enter the name here | Enter the agency or role here | Enter the contact details here | Enter the duration of involvement here |
| Enter the name here | Enter the agency or role here | Enter the contact details here | Enter the duration of involvement here |
| Enter the name here | Enter the agency or role here | Enter the contact details here | Enter the duration of involvement here |
| Enter the name here | Enter the agency or role here | Enter the contact details here | Enter the duration of involvement here |

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| **Attendance Information - a copy of the current and previous attendance certificates must also be attached.** |
| Attendance percentage for this term (Last 6 school weeks) % | Enter the percentage here |
| Attendance percentage for this academic year % | Enter the percentage here |
| Attendance percentage for previous Academic Year % | Enter the percentage here. |
| Is this pupil on a reduced timetable; |
| Yes |[ ]  No |[ ]
| If yes, please attach a copy of this timetable |

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| **Pupil Profile** |
| Which statement best describes the pupil’s independence in lessons | Choose a statement |
| Which statement best describes the pupil during social times | Choose a statement |
| Which statement best describes how the pupil accesses lessons | Choose a statement. |
| Which statement best describes the pupil’s friendships | Choose a statement |
| Which statement best describes how the pupil navigates the school | Choose a statement |
| Which statement best describes the pupil’s cooperation | Choose a statement |
| Which statement best describes the pupil’s communication | Choose a statement |
| Which statement best describes the pupil’s aggression and violence at school | Choose a statement |
| Which statement best describes the pupil’s aggression and violence at home | Choose a statement |
| Which statement best describes the pupil’s self-harm in school | Choose a statement |
| Which statement best describes the pupil’s self-harm in home | Choose a statement |
| Which statement best describes the pupil’s absconding from school | Choose a statement |

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| **Additional Information from School**  |
| Please attach the following documents to the referral | Attached | Not applicable |
| Most recent school academic report | [ ]  | [ ]  |
| SALT assessment / reports (if completed) | [ ]  | [ ]  |
| OT assessment / report (if completed)? | [ ]  | [ ]  |
| DRAFT EHCP or final plan  | [ ]  | [ ]  |
| Most recent report from CAMHS or other medical professional | [ ]  | [ ]  |

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| **Referral Checklist linked to;**[Supporting pupils with medical conditions guidance, DFE 2015](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)[Anxiety Based School Avoidance Guidance](https://search3.openobjects.com/mediamanager/manchester/fsd/files/anxiety_based_school_avoidance_manchester_schools_guidance_document_sept_2021_2.pdf)[Summary of responsibilities where a mental health issue is affecting attendance, DFE Feb 2023](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1136965/Summary_of_responsibilities_where_a_mental_health_issue_is_affecting_attendance.pdf) |
| Here is a list of actions that schools are expected to have carried out prior to referral. Please indicate if your school has completed these actions and what the impact has been. Please attach any relevant documents to your referral. |
| Actions | Carried out yet? | Impact | Document attached? |
| Involve an Educational Psychologist for advice on next steps (Including assessments and intervention) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Requested and received support from the School Nursing Service | Yes or No? | Please enter what impact your actions have had here |[ ]
| Supported a referral to psychological services such as CAMHS | Yes or No? | Please enter what impact your actions have had here |[ ]
| Made a referral to bespoke support e.g. 42nd St, Place2Be, MTHRIVE (resources in ABSA doc) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Carried out an Early Help Assessment  | Yes or No? | Please enter what impact your actions have had here |[ ]
| Referred to Early Help or Social Care (as appropriate) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Completed a plan of support with clear timescales and have reviewed at regular intervals (templates provided in ABSA guidance) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Held multi-agency meetings and carried out follow up actions (eg. TAC meeting) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Carried out regular home visits | Yes or No? | Please enter what impact your actions have had here |[ ]
| Assigned a key adult to develop a rapport with the student  | Yes or No? | Please enter what impact your actions have had here |[ ]
| Developed and reviewed a reduced timetable (where appropriate) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Completed a risk assessment (where appropriate) | Yes or No? | Please enter what impact your actions have had here |[ ]
| Completed an Individual Health Care Plan | Yes or No? | Please enter what impact your actions have had here |[ ]
| Arranged training for school staff to understand the pupil’s medical condition and how to support them in school | Yes or No? | Please enter what impact your actions have had here |[ ]

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| **Section 2: This section must be completed and signed by a Medical Professional e.g. Paediatrician or CAMHS Professional.** |
| **Health Professional completing referral** |
| Name of referrer | Enter Name Here |
| Referrer Role | Enter Role Here |
| Referrer Email Address | Enter Email Address Here |
| Referrer Contact Number | Enter Contact Number Here |
| Date referrer completing form | Enter Date Here |

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| Diagnosis/ Medical Condition | Enter Information Here |
| Date of diagnosis/Date medical condition started | Enter Date Here |
| Explain how the diagnosis or medical condition is preventing the young person from attending their school | Enter Explanation Here |
| Approximately, how long will this diagnosis or medical condition impact on the young person attending school? | Enter Information Here |
| What medical treatment is the young person undergoing/ is planned for the young person? | Enter Information Here |
| Additional Information (please include any additional information relating to the health of this young person that may be relevant) | Enter Information Here |
| Is there an up-to-date risk assessment and/or safety plan for this pupil? |
| Yes |[ ]  No |[ ]
| If yes, please attach a copy with this form |

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| **Section 3: This section must be completed by the young person’s Parent/Carer.** |
| **Parent/Carer 1** |
| Parent/Carer Name | Enter Name Here |
| Parent/Carer Address Here | Enter Address Here |
| Home Contact Number | Enter Contact Number Here |
| Mobile Contact Number | Enter Contact Number Here |
| Email Address | Enter Email Address Here |
| Relationship to young person | Enter Relationship Here |
| **Parent/Carer 2** |
| Parent/Carer Name | Enter Name Here |
| Parent/Carer Address Here | Enter Address Here |
| Home Contact Number | Enter Contact Number Here |
| Mobile Contact Number | Enter Contact Number Here |
| Email Address | Enter Email Address Here |
| Relationship to young person | Enter Relationship Here |

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| What are the views of the parent/carer? | Enter Views Here |
| What are the views of the young person? | Enter Views Here |
| I give consent for a referral to be made to Manchester Hospital School; |
| Parent/Carer | [ ]  ☐ | Young Person |[ ]
| I give permission for the home school to share relevant reports with Manchester Hospital School: |
| Parent/Carer | [ ]  ☐ | Young Person | [ ]  ☐ |
| I give consent for my child’s NHS records to be shared with Manchester Hospital School |
| Parent/Carer | [ ]   |
| Name of Parent/Carer giving consent | Enter Name Here |
| Name of young person giving consent | Enter Name Here |
| Date consent given | Enter Date Here |
| I confirm I have had sight of the completed referral form | Yes or No? |