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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)

[Emotional Based School None-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.
* There is no cost to placements at the Leo Kelly School for Manchester City Council residents. However, transport costs will be applied.
* Please return the completed form to office@hospitalschool.manchester.sch.uk

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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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| **As a school, have you already received outreach support from our Advice and Guidance Team?** | | | |
| Yes |  | No |  |
| If yes, please outline what you did and the impact this had. | Outline the actions and impacts here | | |
| **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 EBSNA 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 EBSNA 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? | | |

**Service Level Agreement**

|  |  |  |
| --- | --- | --- |
| Between | Enter School/Academy name here | And Manchester Hospital School |
| Pupil Name | Enter Pupil Name Here | |

**The support and provision of education for pupils with health needs who are unable to attend school requires a concerted partnership approach, with each partner agreeing to certain roles and responsibilities.**

**Once the signed form has been received by Manchester Hospital School, (MHS) and a place offered, support for the pupil can commence subject to appropriate medical advice.**

**Manchester Hospital School (MHS) agree to:**

* Dual roll the pupil with their home school
* We share daily attendance information with schools via email. Details are sent to the named contact person you have identified on the referral form, or a subsequently updated contact. This can be amended by contacting [office@hospitalschool.manchester.sch.uk](mailto:office@hospitalschool.manchester.sch.uk)
* We will share termly CPOMS records with your DSL. This will start from 2nd January 2024 and CPOMS information will be shared in the first week of every subsequent term until the placement ends. Manchester Hospital School are also subscribers to Engage - please let us know if you are subscribed to this new service.
* Where a pupil has a reduced timetable, this will be shared with schools and parents and any revisions will be communicated to both parties. This is sent to the named contact at the school.
* We will share a copy of reports with schools and parents.
* Make personalised educational plans for individual pupils, ensuring continuity of educational provision
* Provide direct teaching, individually or in groups, to pupils with medical/mental health needs as agreed at set up meeting
* Undertake appropriate educational assessments to ensure personalised programmes are designed to meet individual pupil needs
* Monitor and evaluate the effectiveness of provision for individual pupils who cannot attend school due to a medical and/or mental health need and support the home school in the development of an appropriate and sustainable transition plan
* Enter pupils for external examinations where appropriate
* Work with other colleagues to develop access plans into mainstream school/academy/college
* Support and advise schools/academies on the impact of a pupil’s medical/mental health conditions on the ability to access education
* Contribute to Education, Health and Care Plan assessments according to the SEN Code of Practice
* Support and advise schools/academies in maximising the achievements and attainment of pupils with medical/mental health needs
* Facilitate the greater involvement of pupils in making decisions about their own educational options, setting their own targets for learning and other priority health and social needs and in monitoring their own progress
* Work closely with parents/carers to ensure that their views are always considered and that the rights of children are paramount
* Ensure parent/carer permission is gained before discussing any pupil issue with other colleagues and to respect the professional rules of confidentiality
* Provide regular information to the home school regarding pupil progress and attendance
* Attend reviews with home school staff to discuss educational arrangements
* Provide regular reviews of the placement.

**Ending placement**

* Should the headteacher of MHS decide to end the placement the pupil will either be placed onto an alternative pathway or return to the home school. Head teachers will usually be given 10 school days’ notice of the return of the pupil to the sole roll of the home school. After this time the pupil will no longer be dual rolled at MHS.

**It is expected that home Schools/Academies and their Governors will:**

* Agree transport arrangements with the family and submit the SLA for transport if it is required.
* Review attendance reports and update their own records accordingly.
* For those pupils on reduced timetables, the home school retains the safeguarding responsibility for the welfare and attendance checks for the times the pupil is not expected in our school. This is set out on the timetable we send to you.
* Provide a key member of staff to support the pupil’s return to their school at the point where reintegration is appropriate.
* Convene and lead regular TAF meetings, to review the EHA. Manchester Hospital School will form part of the EHA and will attend TAF meetings to provide updates in relation to the interventions, education and support being provided
* Maintain the pupil on the home school roll and continue to communicate with the family
* Ensure that there is a named person (usually the SENDCO) for pupils with medical/mental health needs and if necessary, a named person for child protection
* Monitor attendance and support with safeguarding
* Work with MHS staff on provision plan
* Work with MHS staff to plan and implement Individual Healthcare Plans for pupils with medical/mental health needs who are returning to school in line with statutory guidance [Supporting pupils at school with medical conditions (DfE 2014)]
* Arrange and fund transport, where necessary to an alternative teaching venue for pupils not able to attend the home school.
* Arrange in collaboration with MHS staff, and attend an initial meeting and subsequent review meetings for all pupils with medical/mental health needs and to invite the pupil, parents/carers and appropriate professionals to the meeting.
* Ensure that pupils are entered for appropriate external examinations and that predicted performance targets, appropriate coursework expectations and curriculum resources are communicated to the MHS teaching team
* To administer the exam process for the pupil e.g. by providing an invigilator at an alternative venue such as home or hospital if required
* To minute any review meetings and distribute the minutes to all professionals
* Involve the Independent Advice and Support Service, the parent advisory service, when required
* Ensure that general school information for pupils, parents/carers is sent home to all pupils even if the pupil is not attending school in order to include the pupil in the life of the school as far as possible
* Make effective and appropriate arrangements to meet the needs of children and young people with additional educational needs due to medical or mental health difficulties in line with the DfE statutory guidance ‘Supporting pupils at school with medical conditions.
* Continue to lead EHCP assessments according to SEN code
* Make alternative arrangements, or be flexible where possible, in order to include the pupil in the life of the school
* Inform the school(s) where siblings attend if there are any particular circumstances that they need to be aware of
* If a placement is deemed unsuitable and another pathway not appropriate, work closely with MHS staff to aid the smooth, quick transition of the pupil back to their home school.

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| --- | --- | --- | --- |
|  | | Yes | N/A |
| I agree to the terms and conditions of educational support as outlined in this service level agreement | |  |  |
| We will require transport to be provided. I agree to pay £1,600 for transport contribution per term (invoiced termly). See separate transport SLA below. | |  |  |
| We will not require transport | |  |  |
| Name | Enter Name here | | |
| Role in your school/academy | Enter role in your school/academy here | | |
| Date SLA signed | Enter Date Here | | |

**Transport Service Level Agreement**

|  |  |  |
| --- | --- | --- |
| Between | Enter School/Academy name here | And Manchester Hospital School |
| Pupil Name | Enter Pupil Name Here | |

**Agreement overview**

This agreement represents a Service Level Agreement (SLA) between Manchester Hospital School (MHS) and the school/academy named above for the provision of Home to School Transport Service (transport) as required by their pupil placed at MHS until the end of the placement.

**Goals and objectives**

The purpose of the SLA is to ensure pupils placed at MHS (Leo Kelly School) can be provided with transport to enable them to access education at this provision and so that there is a commitment to contribute to the costs of the travel arrangements for the duration of the placement.

The objective is to provide transport where students are not able to travel independently. MHS aims to provide independent travel training, where appropriate, taking into account the medical needs of the pupil.

**Terms**

Our transport SLA sets out the costs based on a pupil using home to school transport provided by MCC. Until the point where the young person is accessing home to school transport, they will require transportation via another method, sometimes this will be a taxi.

We cannot determine how long it will take for the transport team at the council to process the applications.

We will invoice each home school £1600 per term as a base contribution. If there is a case where the actual costs are higher due to an extended period of taxi provision or the distance involved in the journey - any additional costs will also be charged to the home school. This is expected to be by exception only.

If the pupil does not have an EHCP, Manchester Hospital School will invoice the school per term. If the pupil has an EHCP, the invoice and costs will come from MCC.

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|  | | Yes | N/A |
| I agree to pay for transport costs at the agreed rate and interval | |  |  |
| Name | Enter Name Here | | |
| Role in your school/academy | Enter Role in your School/Academy Here | | |
| Date SLA signed | Enter Date Here | | |
| Purchase order reference | Enter Purchase Order Reference Here | | |