



Welburn Hall School

Kirkbymoorside, North Yorkshire, YO62 7HQ **Headteacher:** Marianne Best
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The Orchard

Alternative Provision Referral Form:

Please return the completed forms to Jenna:

j.kendell@welburn-hall.n-yorks.sch.uk

Referral

School name and address:	
Form completed by (key school contact):	
Email address:	
Contact telephone number:	

Designated Safeguarding Lead name:	
Email address:	

Learner Details

First Name:		Surname:	
Date of Birth:		Gender:	
Current School Year:		Unique Learner Number: (this does not contain letters)	
Free School Meals:	Yes / No	Pupil Premium:	Yes / No
Ethnicity:			
First Language:			
Religion:			

Home Address:			
Telephone Number:	Home:		Mobile:
Email Address:			

Social Care Involvement:	Yes / No
Child Protection:	Yes / No
Child in Need:	Yes / No
Details:	
Name of social worker:	
Telephone Number:	
Email Address:	

Other Agency Involvement

Agency	Current	Expired	Relevant Details
Educational Psychologist			
Youth Offending Team			
CAMHS or other Mental Health Services			
Social Care			
Attendance Monitoring Officers			

Safeguarding

Please attach an up to date and relevant Individual Risk Assessment.

Is the child/young person at risk of:			
Offending/Criminal Exploitation:	Yes / No	Details:	
Bullying or Being Bullied:	Yes / No	Details:	

Arson:	Yes / No	Details:	
Physical Assault:	Yes / No	Details:	
Young Carer:	Yes / No	Details:	
Self-harm:	Yes / No	Details:	
Sexual Exploitation:	Yes / No	Details:	
Absconding:	Yes / No	Details:	
Substance Misuse:	Yes / No	Details:	

Medical Needs

Medical:	
Known Allergies:	
Dietary Requirements:	
Accessibility Requirements:	

Attendance

Current attendance (%)	Authorised Attendance (%)	Unauthorised Attendance (%)	Date of last attendance

Exclusion History for the last 12 months

Date of exclusion		Length of exclusion: (days)	Reason for internal/external exclusion
From	To		

Education Profile

Subject	Level
English	
Reading	
Writing	
Maths	

Identified Needs

Does the child/young person have an EHCP? Yes / No

If no, is the child/young person classified as SEN Support? Yes / No

Educational Needs:	
Social Needs:	
Emotional and Mental Health Needs:	
Other Identified Needs:	

Other

Any other comments you feel are relevant to this referral:	
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Have you sought parental permission for this placement?	Yes / No
Parents views:	

Provision Requested:	
12 weeks	Monday and Wednesday
12 Weeks	Monday OR Wednesday (please circle day required)
36 Weeks	Monday and Wednesday
36 weeks	Monday OR Wednesday (please circle day required)

Signed:	Date:
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Please note we hold regular, half termly admission panels for The Orchard. Admissions will be at the discretion of the panel, based on the needs of children already accessing the provision and the needs of those applying. Where there is no need for this consideration, places will be allocated on a first come/first served basis.