THRIVE INDEPENDENT SCHOOL

REFERRAL FORM

THRIVE INDEPENDENT SCHOOL
282 Plumstead High Street SE18 1JT
rhussain@thriveindependentschool.com
www.thriveindependentschool.com

Thank you for choosing **Thrive Independent School** we look forward to working in partnership with you.

We ask that you include as much information as possible on this referral form, with emphasis on the reason for the exclusion and/or the aim of the referral i.e. to set a target to measure success.

Please note that unless otherwise indicated on the form, the parties making the referral are taken to be those who will fund the placement for the duration of the time requested.

A YOUNG PERSON DETAILS

Full Name :

Unique Pupil Number: :

Date Of Birth : D D M M Y Y

Age :

Gender Male Female

Ethnicity :

Current school year

Nationality :

Home address :

E-Mail :

Parent/guardian details

Parent 1

Full Name :

Relationship :

Telephone number :

Parent 2

Full Name :

Relationship :

Telephone number :

B REFERRING SCHOOL

Name of Referrer: :

Address :

Name of primary key contact :

Position :

Telephone number :

Email :

Attendance officer :

Telephone number :

Email :

Finance Officer :

Telephone number :

Email :

Please state reason for referral:

Proposed Length of placement :

Start date :

End date :

Have there been any previous exclusions? If yes, please fill in below

Reason for exclusion	Length of exclusion (days)	Date (Start/End)	Any further information

Attainment

Attendance & Punctuality

Current year **Current term**

Key Stage Information

KS1 **KS2** **KS3**

What grades is this young person expected to achieve in Maths & English GCSE?

Maths **English**

Please include any pedicted grade documentation/ mock exams results

C THE YOUNG PERSON – RISK ASSESSMENT

Barriers/Risks/Vulnerability Factors

Please provide key information about the young person's circumstances in the following areas, as it relates to their personal safety and wellbeing, personal conduct, and likely ability to achieve and sustain education, employment or training in the future:

Living arrangements and neighbourhood	
Family & personal relationships (may include bereavement, domestic violence, family debt/poverty)	
Learning difficulties / disabilities or other SEN	
Language and communication needs (may include ESOL needs)	
Physical health and ability	
Emotional and mental health (including any mental health conditions, e.g. ADHD, ASD, anxiety, depression indicate if medicated where known)	
Behaviour (including perception of self and attitude to others)	
Motivation to change and aspirations for the future (include any vocational interests)	

Team Around the Young Person

Does the young person have any other workers allocated to them from other agencies? ☐ Yes ☐ No

If yes please give details below

Name and type of agency	Name and position of key contact(s)	Telephone number(s) and email of key contact(s)	Nature of engagement/ support

Declaration

The information provided in this form is accurate to the best of my knowledge. I understand that the information that I am providing is being collected under the Data Protection Act 1998, and is subject to all the provisions of that Act.

Signed _____ **Position** _____

Print name _____ **Date** _____

YOUR KEY CONTACTS AT THRIVE INDEPENDENT SCHOOL		
Headteacher	Razwan Hussain	rhussain@thriveindependentschool.com
Head of Inclusion DSL	Anita Hinds	ahinds@thriveindependentschool.com
Business manager and Human Resources	Rema O'mard	romard@thriveindependentschool.com