



JOSEPH PAXTON CAMPUS

Wirral Hospitals' School
An Ofsted "Outstanding" School

Headteacher: Mr P Arrowsmith

Joseph Paxton Campus, 157 Park Road North, Claughton, Wirral. CH41 0DD

Tel: 0151-488-7680

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Website www.wirralhs.co.uk

REFERRAL FORM

UPDATED SUMMER 2022

- Please complete the form fully and return to the above address
- Please phone school if you require any support in completing the form.
- All relevant documents should be attached to the returned form. Where referrals have been e-mailed the attachments should be sent by post.
- If you haven't heard from us within 7 days confirming receipt of this referral please contact the school office.

ALL sections must be completed and accompanied by relevant agency reports. Referrals submitted without all appropriate information included/attached will not be presented to panel. Please pay particular attention to section 2 before continuing – Referrals will not be considered unless you are able to answer yes and provide relevant information in this section.

On receipt of this referral, the Headteacher will make contact with the family in order to arrange a home visit, prior to submission to panel.

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All information provided will be treated confidentially

This form should not be used for referral to the Wirral LA Home Education Service

Please note all boxes expand when filled in electronically.

Section 1: Student's personal details

Date of referral:		Received: (office use only)	
Name of Referrer:		School/ Organisation:	
Referrer contact details:			
Is this the first referral for this student?	YES NO – If not, please provide date of previous referral.		

Student name:		DOB:	
Address:			Please provide a SIMS photo if possible.

Parent/Carers name(s):			
Address: (if different to student's)	If the student does not live with both parents, please provide all known addresses.		
Postcode:			
Mobile:		Home Tel:	
Email Address:			

Current school:		Year group:	
Contact person/role:		Tel:	
UPN:		UCI: (Yr 10 & 11)	
SEN Stage:		ULN:	

Section 2: Criteria check

Has a multi-agency consultation taken place including specialist health professionals?	YES – <u>Please provide date(s) of consultations</u> NO – If no, please do not continue with the referral
Names and agencies of people involved in consultation:	
Can you provide written evidence of the actions taken based on information given by some/all of the people listed above?	YES – <u>Please attach evidence to referral form</u> NO – If no, please do not continue with the referral

Please provide evidence of the intervention plans that have been put in place since issues first arose, including outcomes where possible.

Date	Intervention	Outcome

Section 3: Background

Reason for referral (Causes of concern):

Please complete this section as fully as possible. Continue on a separate page if necessary.

Have all those with PR been made aware of, and agree with, the referral?

YES NO

Do all those with PR fully agree with the terms of our admissions policy, including the section regarding roll status?

YES NO

(Consent from all known PR contacts is a requirement of the referral process. It is the mainstream school's responsibility to gain written permission prior to referral, if written consent is a requirement of the school's own policies)

For medical professionals/LA staff only: Does the student's current school/organisation know of, and support, this referral?

YES NO

Brief description of home/school/organisation relationship	Please also provide details here of any communication/conflict issues between family members.
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Section 4: Attendance

Please attach attendance certificates for the last 3 years and complete box below outlining known reasons for this pattern of attendance. Please use 'Day view' where possible.

In addition to the attendance certificates, please use this section to add any relevant additional information regarding attendance patterns, exclusions, unauthorised absences etc.

Section 5: Health and Medical

Please list any formal medical diagnoses, along with contact details of medical professionals involved with the student:

Section 6: Education background

Please attach all assessment data to date

KS3 – Please provide KS2 data and latest Teacher Attainment data

KS4 – Please provide KS2 data and exams and courses pupil is entered for (with syllabus and exam board), along with target grades.

Please include any additional assessment grades, such as CATs score, MIDYIS, YELLIS etc.

Please include below your **best estimates** of the GCSE grades likely to be attained **if the student were to remain on your roll until the end of Y11 (Note: These are unlikely to be the student's target grades):**

English =

Maths =

Science =

Home Education Service: Has the student ever been in receipt of, or referred to, Wirral LA's Home Education Service?	YES – Please provide dates NO
EHCP Is the student in receipt of an EHCP? If not, have any EHCP assessment requests been made? (Include dates)	YES – <u>Please attach latest EHCP AND Review Information</u> NO
FSM / Ever 6 Is the student currently in receipt of FSM? Does the student qualify as Ever 6? If so, what was the date of the last FSM claim?	YES NO YES – Date: NO

Section 7: Other Services Involved

Has the student had any involvement with: (X)													
CAF/TAF:	<input type="checkbox"/>	TAC:	<input type="checkbox"/>	CIN:	<input type="checkbox"/>	YISP:	<input type="checkbox"/>	YOT:	<input type="checkbox"/>	CP:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Please give details including dates and names of all other non-medical professionals involved with the young person / family:													

Section 8: Other Information

Do you know of any reason why it would be inappropriate for a home visit to be made by a lone worker?	YES NO
If yes please give more details.	

Any other relevant information:

Section 9: Transport

If this student is offered a place at Joseph Paxton Campus what will be his/her arrangements for transport? (Please note that the LA are unlikely to be able to fund travel to and from school)
Is this student's mainstream school willing to cover or support the cost of transport?
Please note that Wirral Hospitals' School is unable to provide transport or costs towards transport to and from school.

By signing below you are fully consenting to any placement at Wirral Hospitals' School being offered under the terms of Wirral Hospitals' School's admissions policy at the time of referral.

Referral made by (print name):

Signed:

Date:

Headteacher's Signature (If different from above):



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Joseph Paxton Campus Referral Form

Acknowledgement of Receipt

Student's Name:

DOB:

School contact:

I am contacting you to acknowledge receipt of the JPC referral form for the above named student.

Please note the following:

- ☐ The form is complete and, therefore, a home visit will be made as soon as possible prior to the case going to our admissions panel.
- ☐ The form is incomplete and/or incorrect for the reasons described below and so must be amended prior to being accepted for discussion at panel.
- ☐ The form is complete but additional information is required to support the referral (please see below)..

Please make the following changes/additions before resubmitting the form:

Phill Arrowsmith
Headteacher