**Education Access Team Referral Form**

**Please complete electronically and return to** [**education.access@bradford.gov.uk**](mailto:education.access@bradford.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Referrer details** | | |
| Name of referrer: | Position: | Agency: |
|  |  |  |
| Telephone number: | Email address: | Date submitted: |
|  |  |  |
| Brief overview of your involvement with the family | | |
|  | | |
| Reason for referral-Why are you referring to the Education Access Team? | | |
|  | | |

|  |  |
| --- | --- |
| **Consent and confidentiality** | |
| **\*Referrals cannot be accepted without consent from parents/carers.** | |
| Are the parents/carers aware of this referral? | Yes  No |
| Have the parents/carers given consent to this referral been made? | Yes  No |
| Has the consent to sharing information been signed? | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/carer details** | | | |
| Name: |  | DOB: |  |
| Relationship to child: |  | Contact number/s: |  |
| Address: |  | Language:  If first language is not English, please note their fluency in English and whether an interpreter is required. |  |
| Does this person have Parental Responsibility? | Yes  No  Unknown | | |
| Name: |  | DOB: |  |
| Relationship to child: |  | Contact number/s: |  |
| Address: |  | Language:  If first language is not English, please note their fluency in English and whether an interpreter is required. |  |
| Does this person have Parental Responsibility? | Yes  No  Unknown | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children’s details** | | | | | | | | | | | | |
| Full name including stud ID if known | | DOB: | | | Gender: | Ethnicity: | Language:  If first language is not English, please note their fluency in English and whether an interpreter is required. | | Year Group: | Nursery/School inc UPN | | |
|  | |  | | |  |  |  | |  |  | | |
|  | |  | | |  |  |  | |  |  | | |
|  | |  | | |  |  |  | |  |  | | |
|  | |  | | |  |  |  | |  |  | | |
|  | |  | | |  |  |  | |  |  | | |
| **Previous address and school history** including home country/town/village, name of previous school attended, was in mainstream/specialist, date last attended etc. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Are there any known concerns to staff safety in visiting any of the above addresses or from any of the contacts detailed?** | | | | | | | | | | | | Yes  No |
| **Details** | | | | | | | | | | | | |
| **Agency involvement - who else is currently working with this family?** | | | | | | | | | | | | |
| **Name of allocated worker** | | | **Agency** | | | | | **Brief description of reason for involvement** | | | **Contact details** | |
|  | | |  | | | | |  | | |  | |
|  | | |  | | | | |  | | |  | |
| **If there any other significant people, please list them below.** | | | | | | | | | | | | |
| **Name** | **Relationship** | | | **Contact details** | | | | | | | | |
|  |  | | |  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional information** | | | |
| Child Looked After (CLA) | Yes  No  Previous | Gypsy Roma/Traveller | Yes  No  If ‘Yes’, please delete as appropriate: Roma, Irish, Scottish, Welsh, New Age, Bargees, Showmen, Other.  If ‘Yes’, please delete as appropriate: Residing on council site, Private site, Housed, Roadside. |
| Subject to a child protection plan or child in need plan | Yes  No  Previous | Refugee | Yes  No  If ‘Yes’, please delete as appropriate: VCRS/VPRS, GPP, Other.  Arrival date: |
| Open to Early Help | Yes  No  Previous | Asylum seeker | Yes  No  If ‘Yes’, NASS:  and arrival date**:** |
| SEN | Yes  No | Living in temporary accommodation | Yes  No |
| Family new to UK | Yes  No  If ‘Yes’, arrival date: | EHCP | Yes  No |
| **If you have ticked Yes to any of the above please provide further details** | | | |

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client group** | | | |
| Refugee VCRS/VPRS |  | Traveller, please specify: |  |
| Refugee GPP |  | Roma |  |
| Refugee other, please specify: |  | EU Migrant Family |  |
| Asylum Seeker |  | Other. Please specify: |  |

|  |  |
| --- | --- |
| **Previous involvement** | |
| **Previous involvement from Access Team/previously NCAT?** | Yes  No  Details if yes: |
| **Previous involvement from other Education Services including Attendance, CME, EHE, SEN** | Yes  No  Details if yes: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | | | |
| Health |  | Children’s Social Care |  |
| Early Help |  | Voluntary sector |  |
| Education Psychology Team |  | CME |  |
| EHE |  | SEN |  |
| YOT |  | Other Bradford Education Service. Please specify: |  |
| Nursery/Children’s Centres |  | Housing |  |
| Schools |  | Police |  |
| School admissions |  | Self-referral (not drop-in) |  |
| Drop-in |  | Other. Please specify: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for involvement** | | | |
| Change of school |  | Returning to Bradford from other LA |  |
| New to Bradford |  | Pastoral |  |
| New to UK |  | Early Education |  |
| Returning to UK |  | Post 16 Education |  |
| Move to Bradford from other LA |  | Other. Please specify: |  |