Emotional Based School Non-Attendance (EBSNA) Stage 4

& Medical Needs Tuition

Referral Form

Referrals are the responsibility of the school and must include a signed declaration of agreement. Please return completed referrals to [ebsna@halton.gov.uk](mailto:ebsna@halton.gov.uk) 48 hours before the next panel meeting for a placement to be considered.

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| **Section 1 – Pupil Details** |
| Pupil’s Name: |
| D.O.B: |
| Year: |
| Gender: |
| Address: |
| School: |

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| **Section 2 - Attendance Information** |
| Last date of attendance at school: |
| Attendance percentage for relevant academic years: |
| When did the child first start to miss school due to EBSNA? |
| (Please attach SIMS attendance reports) |

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| **Section 3 - Pupil SEND Information** (to be completed if appropriate) |
| SEND Stage if applicable: (e.g. SEND Support, EHC Plan, etc): |
| If there is not an EHCP, has an EHCP been applied for? (If Yes, date request was made) |

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| **Section 4 – EBSNA History and Action Taken** |
| Please give a **brief** outline of pupil’s identified needs in relation to EBSNA. |
| What strategies have you tried already at stages 1 – 3? How many plan do review cycles have already been completed within school? What was the impact of this work? |
| Which other agencies and / or support services are / have been involved? What was the engagement / outcome? |
| Which professional knows this child best (during their absence from school)? Please include their views on a placement, where possible. |

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| **Section 5 – Supporting Information** |
| Please list any other agencies / support services currently involved (and include any relevant documents, including reports from professionals / EP consultation records / recorded views of professionals on current health needs, etc. (either attach or copy & paste)) |
| Which level on the ‘continuum of need’ are the family / young person currently? 1 /2 / 3/ 4 |
| If at 2, 3 or 4 on the level of need, who is the lead professional for the plan? |

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| **Section 6 – MEDICAL REFERRALS ONLY** |
| Please describe the medical condition with reasons the pupil may experience barriers to learning, participation and achievement: |
| Consultant letter attached: Y N |
| Consultants plan for ongoing treatment: (If available) |
| Estimated length of absence: (If known) |

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| **Section 7 – Further Information** |
| Further information/notes: (If there are specific teaching/learning requirements please elaborate here) |
| Please include any other factors that need to be considered as part of a placements – e.g. medical needs / self-harm etc., and any wider holistic issues i.e. impact of other family members (young carers, parent recently sent to prison, family breakdown, sibling in care, etc.) |
| **Please attach any other supporting, relevant documents, including an EHCP (Not an entire CPOMS record)** |

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| **Section 8 – Parent and Student Consent** |
| Parent/carers name/s: |
| Parent/s aware of referral and **consent** to request for placement: |
| Address: |
| Phone number/s: |
| Where possible, please consider submitting supporting statements from the parent and / or student along with your referral. An example template is included at the end of this form. |

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| **Section 9 – School Declaration** |
| As a school, we agree to engage fully with the stage 4 placement, in line with the tuition centre SLA. This will include providing work and working closely with all professionals and the family to progress towards a successful reintegration into school. This will include releasing staff to visit the tuition centre and considering the provision within school, as necessary. |
| Principal / Headteacher’s Signature / Authorisation: |
| Principal / Headteacher’s Name: |
| Date: |

The forms below are just a suggested template and can be adapted in order to support your referral.

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| Parent Statement in Support of a stage 4 placement referral |
| Would you be happy to for your child to be offered a stage 4 time limited placement? |
| What would you hope would be a successful outcome of a placement? |
| Would you be happy to work with services and agencies in order to support a successful return to school? |
| Please use the box below to provide further information or a supporting statement for consideration by the panel. |
| Name:  Signed:  Date: |

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| Placement Nominee Form |
| What would you hope to achieve with this placement? |
| Would you be willing to attend the tuition centre for a placement as part of a plan to successfully return to your school? |
| Is there anything else you want us to know? |
| Name:  Date: |