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| **ALTERNATIVE PROVISION PLACEMENT REQUEST FORM****Placement Requested with (please tick): Intuition School [ ] Diamond Families Farm [ ]**(More information is available on the website of each provision) |
| **Placement Information** |
| Referring Body/School |  | Date of referral |  |
| Name of Lead Contact |  | Lead Contact Email Address |  |
| Lead Contact Telephone Number |  | Lead Contact Address |  |
| Placement length requested |  | Number of days per week requested |  |
| **Student Information** |
| Name of Student |  | Year group |  |
| Address |  | Pupil Premium | Y/N |
| Date of Birth |  | Safeguarding Level/details: |
| Name of Parent/Carer | 1:2: |
| Contact Number and email address of Parent/Carer | 1:2: |
| SEN Stage (SEN Register, EHCP, IBP, IEP, attainment, EP involvement): |  | Medical Information: |
| **Wider Support Network** |
| Who lives in the family home? | Is there extended family who offer support? |
| **Services involved** |
| **Name** | **Service** | **Contact Details** |
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| **Reason for Referral:** |
| Summary of the reasons behind the referral: |
| Presenting behaviour and possible contributing causal factors (for example, bereavement, substance misuse, domestic violence, trauma): |
| Has the Student ever made an allegation towards an adult or another student/child? |
| What has been successful in your setting? |
| What do you hope to gain from an Alternative Provision Placement? |
| Please share any additional information you feel is relevant to this referral: |
| **OFFICE USE ONLY** |
| **Placement Agreed: Y/N****By:****Date:****Keyworker:****SLA signed and returned: Y/N****Date:** | **Start date:****Placement duration:****Agreed number of days per week:****Days/Times agreed:****TA to attend: Y/N**  |

**Please send completed referrals to:**

Intuition School

office@intuitionschool.co.uk

Diamond Families Farm

support@diamond-families.org.uk

Please call 01782 315758