**Request for a hospital school placement or out of school medical tuition**

**Pupil Details**

| First Name |  | Last Name |  |
| --- | --- | --- | --- |

| Gender |  |
| --- | --- |

| Date of Birth |  |
| --- | --- |

| Year Group |  |
| --- | --- |

| Home Address and postcode |  |
| --- | --- |

| Ethnic origin |  |
| --- | --- |

| UPN Number |  |
| --- | --- |

| Is the pupil Looked After? |  |
| --- | --- |

| Is the pupil a Young Carer? |  |
| --- | --- |

| Is the pupil on an EHCP? |  |
| --- | --- |

| CAMHS Caseworker (if app) |  |
| --- | --- |

| Pupil Welfare Officer (if app) |  |
| --- | --- |

| Educational Psychologist (if app) |  |
| --- | --- |

| Other Services (if app) |  |
| --- | --- |

| Parent/carer name |  |
| --- | --- |

| Parent/carer contact No | . |
| --- | --- |

**Referring School Details**

| Current School |  |
| --- | --- |

| Date Last attended School |  | % Attendance this year |  |
| --- | --- | --- | --- |

|  | English | Maths | Science |
| --- | --- | --- | --- |
| Last KS SAT’s |  |  |  |

|  | Verbal | Non Verbal | Quantitative | Average |
| --- | --- | --- | --- | --- |
| Cat Scores |  |  |  |  |

| Reason(s) for request (Please give as much relevant information as possible - if necessary use a separate sheet) |
| --- |
|  |

| Special considerations e.g Housebound, Wheelchair, Frame |
| --- |
|  |

| Are you requesting a placement out of school or remote access to the curriculum? Please give reasons  for the specific request |
| --- |
|  |

| Please explain why provision cannot be made in school (even if on a temporary reduced timetable).  Note Blackpool Council’s policy – The Education of Children with Medical Needs (page 2) about The Children and Families Act 2014 |
| --- |
|  |

| This request cannot be processed without the following – |
| --- |
| * Medical evidence to support: Referral from CAMHS, Medical Consultant, Senior Medical Practitioner * Completed EHA form (Pre Social Care), if open to Social Care please ensure all relevant information is provided on the referral form * Details of action already taken and impact to address the child’s difficulties within school and the impact of these strategies * A copy of the child’s medical support plan * Print out of attendance for current academic year   **We will consider referrals received with the required supporting information within 7 school days of an Athena meeting. We may defer late referrals or those without full information.** |

| **Parent/Carer Consent (for referral and data sharing)** | |
| --- | --- |
| **Signed:** | **Date:** |
| **Name:** | **Contact:** |

| **School, Academy or other referrer details** | |
| --- | --- |
| **Signed:** | **Date:** |
| **Name:** | **Contact:** |
| **Telephone:** | **Email:** |

**Please email this form to** [**Karen.turner@eddiversity.blackpool.sch.uk**](mailto:Karen.turner@eddiversity.blackpool.sch.uk)

**FUNDING**

The Council will fund the initial 6 weeks of agreed short-term support for medical reasons. Educational Diversity advice is that an additional 6 weeks is usually required to ensure that the agreed professional support is effective. **Schools, Academies and other referrers should be aware of their requirement to consider ongoing funding after the initial 6 weeks of each placement.**

Blackpool Council will be processing the information provided in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

For more information on how we process your data, please refer to our privacy notice -[www.blackpool.gov.uk/privacy](http://www.blackpool.gov.uk/privacy)