|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Details | | | | | | | | | | | | | | |
| Name | | |  | | | | Date of Birth |  | | | Year Group | | |  |
| Address | | |  | | | | Contact Number |  | | | Ethnic Origin | | |  |
| Referrer/ Caseworker Tel/email: |  | | | Local Authority | | |  |
| Any Medical, SEN or SEMH needs? | | |  | | | | EHCP  Review Date | Yes/No | | | Social Worker Tel/email (if applicable): | | |  |
| Any Allergies  Details | | | Yes/No | | | | Gender Identity  (If female) HPV Vaccination | Yes/No | | | Unique Pupil Number UPN | | |  |
| Previous School(s) | | |  | | | | Looked After Child | Yes/No | | | Permission to give Paracetamol | | | Yes/No |
| Access Arrangements (if any) | | |  | | | | Pupil Premium | Yes/No | | | Free School Meals | | | Yes/No |
| Parent/Carer Details | | | | | | | | | | | | | | |
| Name | | |  | | | | Email Address |  | | | | | | |
| Address – Same as above | | | Yes/No | | | | Contact Numbers |  | | | | | | |
| Emergency Contact Name x2 | | |  | | | | Emergency Contact Number |  | | | | | | |
| Referral Requirement | | | | | | | | | | | | | | |
| Onsite Tuition | | | Yes/No | | | | Type of Tuition | | | | 121/small group | | | |
| Offsite Tuition | | | Yes/No | | | | No of Hours Tuition per week | | | |  | | | |
| Location | | | Home/library/online | | | | Preferred Days/times (if any) | | | |  | | | |
| Other Referral Information to support Tuition | | |  | | | | | | | | | | | |
| Invoice to be emailed to | | |  | | | | | | | | | | | |
| Education background | | | | | | | | | | | | | | |
| Attitude To Learning | | |  | | | | | | | | | | | |
| Behaviour | | |  | | | | | | | | | | | |
| Attainment | | |  | | | | | | | | | | | |
| Attendance | | |  | | | | | | | | | | | |
| If KS4, Subjects | | |  | | | | | | | | | | | |
| Target Qualification | | |  | | | | | | | | | | | |
| EHCP Outcomes (if applicable) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Risk Assessment | | | | | | | | | | | | | | |
| **What are the Hazards to Health and Safety** | | **What Risks do they pose** | | **To Whom** | | **Risk Level H/M/L** | | **What precautions have been taken to reduce the risk?** | | | | **What further action is needed to reduce the risk** | | |
|  | |  | |  | |  | |  | | | |  | | |
|  | |  | |  | |  | |  | | | |  | | |
|  | |  | |  | |  | |  | | | |  | | |
| **Referral/Set Up Information/other notes -** To be completed by The Tutorial Foundation | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date family contacted | Date of Initial Meeting | | | | Signed Student Induction Pack | | Baseline Assessment English completed | | Baseline Assessment Maths completed | | | | Baseline Assessment Science completed | |
|  |  | | | |  | |  | |  | | | |  | |
| Start Date | | |  | | | End Date | | | |  | | | | |