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| --- |
| 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? |  | EHCPReview Date | Yes/No | Social Worker Tel/email (if applicable): |  |
| Any AllergiesDetails | 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** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **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 |  |