

SENAR Post 16 Transfer 2020
PREFERENCE FORM for pupils with an Education, Health and Care Plan (EHCP)



In order to be considered for a place at any maintained school sixth form, general Further Education College, specialist provision or independent provision in Birmingham or other LA, this form must be completed and returned to your current provision by Monday 2nd September 2019 at the latest, or to **POST 16, SEN Assessment & Review, PO Box 16289, Birmingham B2 2XN.**

PART 1: Pupil Details (Please check these are correct)

Pupil ID:

Current provision:

Surname:

Forename(s):

Date of birth:

Gender:

Home address:

If the address above is incorrect, please write correct address in the adjacent space and provide proof of this, such as a utility bill, along with your completed form.

If no proof is provided, the address supplied by the current provision will be used when allocating a placement.

PART 2: There is no requirement for me to fill out this preference form because I intend to leave education, start university or begin work.

Please circle or highlight below why this applies to you. If you have completed this section please now move straight to Part 6 and sign and date the declaration. Otherwise please move to Part 3.

I intend to leave education

I intend to start University

I intend to begin work

PART 3: Preferences (Please state up to four preferences)

Please write your preferences clearly in BLOCK CAPITALS in the boxes below.

Please write your preferences in order below.

Remember an Independent Specialist Provider will only be considered once the Local Authority are satisfied that this is the most appropriate provision to meet your needs.

Remember to state if you want a place in the Resource Base of a school 6th form rather than the mainstream.

If the requested college has multiple courses and/or campuses, please write your preferred options below:

Course (and level if appropriate):

Campus:

1st

2nd

3rd

4th

PART 4: Information to support your preferences. If you wish to explain the reasons for your preferences, please use the space below. Please attach your career plan to this form. Additional sheets to be attached by staples only.

STUDENT IN PUBLIC CARE: Are you in care to a Local Authority?

Yes

☐

No

☐

If Yes: To which Local Authority?

Social Worker Name:

Contact Tel No.

Person(s) with Parental Responsibility:

PART 5: Please complete the checklist to make sure you haven't missed anything:

- ☐ I have read the guide and understood how places will be allocated.
- ☐ I have checked my child's details in Part 1 of this form are correct.
- ☐ **PROVIDED PROOF OF MY ADDRESS IF IT IS DIFFERENT TO THAT PRINTED IN PART 1.**
- ☐ I have clearly listed up to four providers in the boxes in Part 3
- ☐ I have indicated in the box(es) if my preference is for one of the Resource Base places at a school.
- ☐ Included on this form any preferences I have for providers in other Local Authorities.
- ☐ In Part 4 I have added any information in support of my preferences that I would like the LA to know.
- ☐ I have completed the Public Care details if relevant to me.
- ☐ I must now complete, sign and date the declaration in Part 6 – **FORMS CANNOT BE ACCEPTED IF THE DECLARATION IS NOT FULLY COMPLETED AND SIGNED.**

PART 6: Declaration by Student/Parent/Carer

"I declare that the information I have given on this form is correct. I understand that if at a later date this information is found to be incorrect I may lose any place allocated to me."

Title: MR / MRS / MS / MISS / DR / REV / OTHER (please state):

Full Name (please print):

Relationship to pupil: Parent/Foster Carer/Social Worker/Other (please state):

Signed:

Date:

Main phone number:

Alternative phone number:

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