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| **Queensbury School - Referral Request for Provision** |

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| Request For – Student Name: | Request Made by:  |
| Start Date of Provision: | Relationship to Student: |
| Name of Social Worker/Family Support Worker: | Contact details for Social Worker/Family Support Worker: |
| **Does this student have any Health issues?** **YES/NO** | **If yes, please give details….** |
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| **Reason for Request:** | **How many days is provision required?** |
| **Are parents KEY WORKERS? YES/NO** | **Please state role:** | **Please state hours worked:** |
| Does this student have siblings? YES/NO | Are siblings receiving provision? YES/NO | If yes, at what school? |
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| *As DfE guidance currently states that students should remain at home if it is at all possible as this is the safest place for them.***Is this student at immediate significant risk of harm whilst at home? YES/NO** |
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| **Will this student require TRANSPORT? YES/NO**  | *Please note that* ***we may require 48 hours notice*** *to process requests and arrange transport.* |
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| *Please note that students will need to* ***BRING A PACKED LUNCH*** *with them into school. Students in receipt of Free School Meals will have already received vouchers.* |
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| **Does this student understand Social Distancing? YES/NO** | **Can they maintain Social Distancing? YES?NO** |
| **Can this student manage their own personal hygiene? YES/NO** | *Please note that due to the needs of our students, Staff will be required to wear Personal Protective Equipment – Please explain this to your child.* |
| **Can this student be collected within 30 minutes if they become ill and display symptoms? YES/NO** | **If so, WHO will collect them?** |
| **Please provide CONTACT number:** |
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| Date: | Signed: | Name: | Position/Organisation: |

**FOR WELFARE PANEL USE ONLY:**

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| **Risk Assessment Rating of Student:** |  |  |  |
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| **Further Comments:** |
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| **SCHOOL PROVISION –** **AGREED/NOT AGREED** | **Start Date of School Provision:** | **Review Date of School Provision:** |
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| **INTERVENTION –** **AGREED/NOT AGREED** | **Start Date of Intervention:** | **Details of Intervention:** |
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| **Signed – WELFARE PANEL MEMBER** | **Date:** |