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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:** | | |
|  | | | | | | |
| 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:** | |
|  | | | | | | | |
| **Signed – WELFARE PANEL MEMBER** | | | | | **Date:** | | |