



HHE Referral Form

11.2020

Referral Date	
Name of person making referral	
School/Agency	
Email	
Tel No	

Parent/Carer Consent	It is essential that the pupil and parents/carer/guardian are fully aware that this referral is being made and that personal and sensitive information is being shared with the HHELC. Please confirm that you have discussed this referral with the pupil's parent/carer and that they are in agreement with the referral being made. If the pupil is not currently registered with HHELC we may require you to obtain further information from relevant professionals if required.	Has Parent/Carer consent been obtained? (Please delete as appropriate) Yes / No
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Pupil Voice – What are the views of the pupil?
<ul style="list-style-type: none">Please discuss the referral with the pupil and provide a summary of their views on a potential placement at HHELC. These views will be discussed at the referral meeting if a place is offered.

Please ensure that all personal and sensitive information is sent securely.



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Pupil Details

Pupil Name		UPN	
Date of Birth		ULN	
Academic Year Group		Local Authority in which the pupil resides	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Language	
Identified Gender (if different from above)		Home Language	

Ethnic Origin - Please tick as appropriate

AOTH – Any Other Asian Background		ABAN - Bangladeshi	
APKN - Pakistan		WOTH – Any other White Background	
BCRB – Black Caribbean		WBRI – British	
Both – Any other Black Background		WIRT – Traveller – Irish Heritage	
CHNE - Chinese		WROM – Gypsy/Roma	
MWAS - White/Asian		AIND – Indian	
MOTH – Any Other Mixed Background		MWA – White/Black African	
MWBC – White/Black Caribbean		BAFR – Black African	
NOTB – Info not obtained		WHRI – Irish	
OOTH – Any other Ethnic Group		REFU - Refused	

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Parent/Carer Details

Primary Responsibility	Other with parental Responsibility
Name of Parent/Carer 1	Name of Parent/Carer 2
Relationship to Pupil	Relationship to Pupil
Address	Address
Tel No	Tel No
Mobile No	Mobile No
Email Address	Email Address
Contact Prohibited?	Contact Prohibited?
Agency (If applicable)	Agency (If applicable)

Monitored Groups

Child Protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	SEN Support	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child in Need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	EHCP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Looked After Child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pupil Premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previously LAC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Early Help Assessment completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Most Able?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Request for Support made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Young Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other?	

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School Details

School		Tel. No	
Key Contact Person and position		Email	
SENCO		Email	
Exams Officer		Email	
Careers Contact		Email	
Date last in school		Attendance %	

Curriculum Information

Subjects you wish to be covered	Level (eg. KS3 GCSE)	Exam Board

Does the student qualify for Access Arrangements?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state:

Professionals/Agencies involved with the pupil

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Other Agencies Involved	Ed Psych	Mental Health Services	Autism Team	CAT Team	Family Support	Social Services
Name						
Agency						
Contact Numbers						
Email Address						

Please provide details of any other agencies not mentioned above: E.g. School Nurse

Referral Information

Why are you referring this pupil to HHELC?
<p>Please include:</p> <ul style="list-style-type: none"> • Specific detail relating to why the pupil is unable to attend their school, even after all adjustments and inclusion strategies have been implemented. • Detail of support strategies that school has implemented to engage the pupil and support inclusion. • Detail of any support provided by external agencies e.g. Mental Health professionals, Educational Psychologist, CAT Team, Family Support, Health Professionals, Social Services, etc, targeted at supporting engagement with school and supporting inclusion. • If the pupil does not have an EHCP please state whether this process has been started. • Reasons for any exclusions (temporary and/or permanent) • Ideal outcome – what do you hope to gain from this referral?

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Please ensure that you send the following supporting information to us in addition to the completed referral form. Please use the tick list to double check that you have included the information as requested. If you do not supply the information requested this may delay the referral being taken to our referral panel.

Supporting Evidence Required	Evidence Supplied?
<ul style="list-style-type: none"> • EHCP (If applicable) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Evidence of formal medical diagnosis (copies of appointment letters if the pupil is awaiting an appointment/assessment) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Copies/summary of any school support plans 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Reports and summary of ongoing involvement from health services. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Evidence of involvement from other professionals e.g. Educational Psychologist, Communication and Autism team (if applicable), family support, school nursing service. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Attendance reports for the current and previous academic year. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Most recent school report 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Behaviour Logs (Including details of any exclusions) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Early Help Referral/Family Plan (if applicable) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Any other information you feel is relevant to the referral Please list here: 	Yes <input type="checkbox"/> No <input type="checkbox"/>

SEN Needs	Please Tick	SEN Needs	Please Tick
ASC: Autistic Spectrum Condition	<input type="checkbox"/>	PMLD: Profound and Multiple Learning Difficulties	<input type="checkbox"/>
HI: Hearing Impairment	<input type="checkbox"/>	SEMH: Social, Emotional & Mental Health	<input type="checkbox"/>

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MLD: Moderate Learning Difficulties	<input type="checkbox"/>	SLCN: Speech, Language & Communications Needs	<input type="checkbox"/>
MSI: Multi-Sensory Impairment	<input type="checkbox"/>	SLD: Severe Learning Difficulties	<input type="checkbox"/>
NSA: SEN support but no specialist assessment of need type	<input type="checkbox"/>	SPLD: Specific Learning Difficulties	<input type="checkbox"/>
OTH: Other Difficulty/Disability	<input type="checkbox"/>	VI: Visual Impairment	<input type="checkbox"/>
PD: Physical Disability	<input type="checkbox"/>		

Other specific identified needs:	Please Tick	Medical Needs	Please Tick
ADHD: Attention Deficit & Hyperactivity Disorder	<input type="checkbox"/>	ONCOLOGY	<input type="checkbox"/>
ANX DEP: Anxiety & Depression	<input type="checkbox"/>	ORTHOP: Orthopaedics	<input type="checkbox"/>
OCD: Obsessive Compulsive Disorder	<input type="checkbox"/>	RESP: Respiratory	<input type="checkbox"/>
EATING DISORDER: Eating Disorder	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
POST TRAUM SD: Post Traumatic Stress Disorder	<input type="checkbox"/>	CARDIAC	<input type="checkbox"/>
PSYCHOSIS: Psychosis	<input type="checkbox"/>	DEGENENESS: Degenerative Illness	<input type="checkbox"/>
SCHOOL REFUSAL: School Refusal	<input type="checkbox"/>	DERMATOLOGY	<input type="checkbox"/>
SELF HARM: Self Harm	<input type="checkbox"/>	GASTRENEROLOGY	<input type="checkbox"/>
TOURETTES: Tourette's Syndrome	<input type="checkbox"/>	HAEMOTOLOGY	<input type="checkbox"/>
PSYCHIATRIC: Psychiatric Other	<input type="checkbox"/>	HEPATOLOGY	<input type="checkbox"/>

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ODD – Oppositional Defiance Disorder	<input type="checkbox"/>	NEPHROLOGY	<input type="checkbox"/>
PDA – Pathological Demand Avoidance	<input type="checkbox"/>	NEUROLOGY	<input type="checkbox"/>
CFS – Chronic Fatigue Syndrome	<input type="checkbox"/>	OTHER – Please state:	<input type="checkbox"/>
OTHER – Please state:	<input type="checkbox"/>	M - ALLERGIES. Please state -	<input type="checkbox"/>

There is a cost to schools for HHELC provision. Please provide contact details for your finance department

Name		Email Address	
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This referral form is tied to the Nottingham City Council contract and traded services agreement for education services. By completing the referral form you are agreeing to the terms and conditions of the external contract (for academies) and the traded services agreement (for maintained schools)

The Hospital and Home Education Learning Centre (HHELC) will have responsibility for the safeguarding of this pupil during timetabled teaching sessions. Safeguarding of this pupil outside of these sessions remains the responsibility of their mainstream school.

HHELC will inform the pupil’s mainstream school of any safeguarding concerns which arise during teaching sessions, or those that come to our attention. All safeguarding concerns will also be dealt with in accordance with HHELC’s Safeguarding Policy.

Person Making the referral: I understand that costs relating to support from HHELC will be recouped from School/Academy respectively at the end of each school term.

Signed		Print Name	
Date		Position - Must be Head Teacher/Principal/Member of Senior Leadership Team (please delete)	

Please email the completed referral form and supporting documents to referrals@hhe.nottingham.sch.uk. Please ensure that all personal and sensitive information is sent securely. For administrative purposes, please ensure that the referral form is returned in WORD format.

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