

Robert Holme Academy

Application for Placement



STUDENT DETAILS

Surname
First Names
Date of Birth/Year Group
Gender
Ethnicity
First Language
Address
Postcode

MAIN PARENT/CARER (EMERGENCY CONTACT)

Surname <i>(inc. Title)</i>
First Names
Contact Numbers
Relationship to Student
Ethnicity
First Language
Address
Postcode

OTHERS CONTACTS WITH PARENTAL RESPONSIBILITY

Surname <i>(inc. Title)</i>
First Names
Relationship to Student
Ethnicity
First Language
Contact Number(s)
Address
Postcode

ADDITIONAL EMERGENCY CONTACT

(We require a minimum of 2 external contacts)

Surname <i>(inc. Title)</i>
First Names
Relationship to Student
Ethnicity
First Language
Contact Number(s)
Address
Postcode

Additional Contact Information

Please provide any additional information you feel may be useful

LOOKED AFTER CHILDREN

(please complete this section if the student is a 'looked after child')

LA Contact Name
Landline & Mobile
Contact Address

Eligible for Free School Meals? <i>Mark as appropriate</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Pupil Premium? <i>Mark as appropriate</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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REFERRING SCHOOL
Current School
Address
Named School Contact
School Safeguarding DSL
Telephone Number
Email

REFERRERS DETAILS
Name
Signature
Contact Details
Date
Job Role
Email

SAFEGUARDING INFORMATION	
Is the student subject social care involvement? <i>Mark as appropriate</i>	Level
Date of next meeting (TAF, EHA, LAC, CP, CIN)	
Are Parent/Carers aware of the referral? <i>Mark as appropriate</i>	

Agency Contacts		
Name of Agency & Contact Address	Contact Person & Job Title	Landline & Mobile
Contact 1		
Contact 2		
Contact 3		

STUDENT HEALTH

Please provide details of all health conditions that the student suffers

Allergies

Please give details

Other Chronic Conditions

Please specify (such as Asthma, diabetes, congenital heart problems, etc.)

Physical Health Conditions

Please give details

Registered Dentist

Please provide contact details

Registered GP

Please provide contact details

Current Medication

Please give full details and attach additional information, as necessary

Additional Health Information

Please provide any additional health information you feel may be useful, including special dietary requirements and any conditions that may impact learning abilities

Dietary Requirements

Please provide details of any special dietary needs and food intolerances not specified above

EDUCATION

Current Attendance (%)	Authorised Absence (%)	Unauthorised Absence (%)	Date of last Attendance
Exclusion history <i>Please include dates, length of time and the reason for any exclusions</i>			

Current Working Level

	<i>Please list any identified or possible learning difficulties or barriers to learning</i>
Reading	
Writing	
Maths	
Spelling, Punctuation & Grammar	

Additional Education Information

Please include any relevant information and attach any academic records, suggested learning plans (of required), teacher assessments, etc.

Reason for referral to Robert Holme Academy

REQUESTED PLACEMENT DAYS & TIMES

Type <i>Mark as required</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Preferred Start date			Preferred pick-up/drop of times	
Preferred Days <i>Mark as required</i>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Requested Sessions <i>Mark as required</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Additional Placement Information

Please include any relevant information including likely transport arrangements

BEHAVIOUR

(This information MUST be completed and provided in advance of placement)

Have the following behaviours ever been exhibited? <i>Mark as required</i>		Frequency <i>Tick as required</i>
Physical assault on peers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Verbal abuse on peers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Fights with peers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Physical assault on staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Verbal abuse on staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Bangs on table	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Climbs on furniture	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Pushed or thrown furniture/equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Persistent disruptive behaviour	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Vandalism	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Damage to property	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Racial harassment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Explosive outbursts	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Spitting/anti-social behaviour	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Bullying	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Substance misuse	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Absconding	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Frequent
Other <i>(please specify)</i>		

Note. The information included in the following sections is used to create an individualised Learning Plan and complete a risk assessment for the student.

CONFIDENCE, SELF ESTEEM AND SELF- AWARENESS AND EMOTIONAL LITERACY					
<i>(Please tick the most accurate from your experience working with this student)</i>					
<i>Does the student:</i>					
Confidently in engage with people, talk during group work and engage in activities?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Feel satisfied with what they have achieved, made or have done?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Accept responsibility for their own actions?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Accept one-to-one and group praise?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Acknowledge and own problems, discuss them and ask for help?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Express and communicate feelings about self, such as feeling happy, sad, angry, etc.?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Assert themselves appropriately if they don't like or want to do something?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Feel concern if they have hurt someone physically or emotionally?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Know what they want and don't want and voice this even when it is different from peers?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Have the ability to be assertive and say no without being aggressive?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Additional Information	
<i>Please provide any additional information you feel may be useful regarding the students confidence, self-esteem and self-awareness</i>	

SKILLS FOR LEARNING

(Please tick the most accurate from your experience working with this student)

Does the student:

Work independently?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Listen to explanations, instructions and attempts to act on them?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Understand the role of adults in school?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Understand the structure of discipline such as actions and consequences?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Try new things?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Show imagination and have creative ideas?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Keep going despite mistakes or frustrations?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Respond appropriately to personal requests from staff?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Work alongside a peer without causing distraction?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Read sufficiently well to understand basic instructions needed to complete tasks?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Work effectively during lessons?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Use appropriate language and gestures?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Sit appropriately on a chair without causing disturbance?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Additional Information

Please provide any additional information you feel may be useful regarding the students skills for learning

SOCIAL SKILLS

(Please tick the most accurate from your experience working with this student)

Does the student:

Accept that teacher time needs to be shared?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Interact and play in a positive way with peers?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
ask a question and wait for the answer?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
ask permission to use objects that are not their own?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
make friends, be warm, open and friendly and maintain friendships?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Physically interact in an appropriate way?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Address adults and children appropriately?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Communicate well with peers and staff?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Ask for help when stressed, distressed or unhappy?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Show concern for a child who is sad or hurt?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Additional Information

Please provide any additional information you feel may be useful regarding the students social skills

CONCENTRATION

(Please tick the most accurate from your experience working with this student)

Does the student:

Focus well with tasks that require thought?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Finish a given task?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Follow rules and social norms?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Get defeated easily?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Enjoy problem solving?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Additional Information

Please provide any additional information you feel may be useful regarding the students ability to concentrate

BEHAVIOUR MANAGEMENT & SELF CONTROL

(Please tick the most accurate from your experience working with this student)

Does the student:

Accept discipline without argument or sulking?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
arrive in classroom and settle down quietly and appropriately?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Remain in class and leave only with permission?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Refrain from seeking confrontation during unstructured times such as breaks?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Maintain appropriate levels of behaviour when the class routine is disrupted?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Abide by the accepted rules of an organised group game?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Wait for attention or to take turns?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Control emotions appropriately when faced with difficulties?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Move appropriately around the school building?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

STRESS, FEAR, PANIC, RAGE AND GRIEF

(Please tick the most accurate from your experience working with this student)

Does the student:

Reflect rather than react to emotionally challenging situations?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Seek help when stressed or distressed?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Appear anxious or worried?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Appear sad or unhappy?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Appear lonely?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Appear not to enjoy life?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Complain of physical illnesses?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Cope when not getting their own way?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Struggle with change?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
Worry about getting things wrong?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Additional Information

Please provide any additional information you feel may be useful regarding the students ability to concentrate

Private

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REFERRER'S AUTHORISATION

I declare that I have permission to share the above information with Robert Holme Academy and agree that it can be used for the purposes of supporting the named child in-line with the Robert Holme Academy confidentiality and data protection policy.

Signed	Print	Date
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Please send this document securely to the Head Teacher of Robert Holme Academy. Where necessary, please provide any additional documentation to support the application.

For further information, please contact Kate Dunderdale-Lawrence (Head Teacher) at headteacher@robertholmeacademy.co.uk or by telephone on M: 07854 4476600.

ROBERT HOLME ACADEMY ADMINISTRATION USE ONLY

Received by <i>(Print)</i>	Signed	Date
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Contract returned <i>(date)</i>	Start date agreed <i>(date)</i>	Review date agreed <i>(date)</i>
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ILP created <i>(date)</i>	Risk Assessment Created <i>(date)</i>	Welcome Pack Given <i>(date)</i>
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Private

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