# **LOCAL AUTHORITY FAIR ACCESS REFERRAL FORM**

Please complete this form **in full** to enable the panel to select the most suitable and appropriate placement for the pupil. Send to [fairaccess@birmingham.gov.uk](mailto:fairaccess@birmingham.gov.uk)

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| **Section 1** | | |
| **Date of panel:** | **Referring School/Organisation/Person:** | |
| **Section 2 – *Pupil Details*** | | |
| **Pupil’s Name:** | | **Male/Female**: |
| **DOB:** | | **Year Group:** |
| **Address:** | | |
| **1. Name of Parent/Carer:** | | **Telephone:**  **Mobile:** |
| **2. Name of Parent/Carer:** | | **Telephone:**  **Mobile:** |
| **Siblings:** | | **Interpreter needed: Yes  No** |
| **Home Language:** |
| **Ethnicity:** | | **UPN:** |
| **Religion:** | | **ULC:** |
| **Looked After Child? Yes  No** | |  |
| **Child In Need? Yes  No** | | **Free School Meals:**  **Yes  No** |
| **Most recent/previous schools attended:** | | |

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| **SEN Information (please complete as fully as possible)**  **Emotional/Behavioural/Social**  Not on COP  SEN Support  EHCP initiated  EHCP  **Cognition/Learning**  Not on COP  SEN Support  EHCP initiated  EHCP  **Communication/Interaction**  Not on COP  SEN Support  EHCP initiated  EHCP  **Is the pupil on the SEN Register?** Yes  No  **Is the pupil under statutory assessment for an EHCP?** Yes  No  **Date started:**  **Does the pupil have a final EHCP date issued?** Yes  No  **Date issued:**  **Does the pupil have a behaviour support plan?** Yes  No | | | | | | | | | | | | | | | |
| **Section 3 – Fair Access Criteria** | | | | | | | | | | | | | | | |
| Fair Access Criteria met: please tick all criteria that apply and provide details of supporting evidence where possible: | | | | | | | | | | | | | | | |
| **Category** | | | | | | | | | | | | | | | **Tick** |
| a | Children either subject to a Child in Need Plan (CINP) or a Child Protection Plan (CPP) or a CINP or CPP plan within 12 months at the point of being referred to the FAP | | | | | | | | | | | | | |  |
| b | Children living in a refuge or in other Relevant Accommodation at the point of being referred under the FAP | | | | | | | | | | | | | |  |
| c | Children in the criminal justice system | | | | | | | | | | | | | |  |
| d | Children in alternative provision who need to be re-integrated into mainstream education or who have been permanently excluded but are deemed suitable for mainstream education | | | | | | | | | | | | | |  |
| e | Children with special education needs (but without an Education Health and Care plan), disabilities or medical condition | | | | | | | | | | | | | |  |
| f | Children who are carers | | | | | | | | | | | | | |  |
| g | Children who are homeless | | | | | | | | | | | | | |  |
| h | Children in formal kinship care arrangements | | | | | | | | | | | | | |  |
| i | Children of, or who are, Gypsies, Roma, Travellers, refugees and asylum seekers | | | | | | | | | | | | | |  |
| j | Children who have been refused a school place on the grounds of their challenging behaviour and referred to the FAP in accordance with paragraph 3.10 of the School Admissions Code | | | | | | | | | | | | | |  |
| k | Children for whom a place has not been sought due to exceptional circumstances | | | | | | | | | | | | | |  |
| l | Children who have been out of education for 4 or more weeks where it can be demonstrated that there are no places available at any school within a reasonable distance of their home. This does not include circumstances where a suitable place has been offered to a child and this has not been accepted; | | | | | | | | | | | | | |  |
| m | Previously looked after children for whom the local authority has been unable to promptly secure a school place | | | | | | | | | | | | | |  |
| **Supporting Evidence:** | | | | | | | | | | | | | | | |
| **Section 4:** Please complete this section for any pupil who has been in attendance at a Birmingham school or where information has been made available from a previous school outside of Birmingham.  For pupils arriving without having relevant historical information, please go to section 3 | | | | | | | | | | | | | | | |
| **Attendance** (last two years, including any records and progress reports. For any long periods of absence please state reasons. If other agencies have been involved, please include details in the agency involvement section) | | | | | | | | | | | | | | | |
| **Behaviour** (including any fixed term or permanent exclusion information, individual behaviour plan and/or risk reduction plan) | | | | | | | | | | | | | | | |
| **Academic information** (please include as much detail as possible, SATs results if appropriate)  Please comment in which subjects and/or activities the pupil has shown a positive interest or achievement: | | | | | | | | | | | | | | | |
| **Previous intervention/Support**: | | | | | | | | | | | | | | | |
| **Section 4 - *Agency involvement*** (Contact names and numbers, past and present) | | | | | | | | | | | | | | | |
| **Agency** | | | | | **Contact Name** | | | | | **Telephone** | | | | | |
| CAMHS | | | | |  | | | | |  | | | | | |
| City of Birmingham School (COBS) | | | | |  | | | | |  | | | | | |
| Communication and Autism Team | | | | |  | | | | |  | | | | | |
| Education Psychologist | | | | |  | | | | |  | | | | | |
| Family Support Worker | | | | |  | | | | |  | | | | | |
| Gang intervention | | | | |  | | | | |  | | | | | |
| Physical Difficulty Outreach | | | | |  | | | | |  | | | | | |
| Police | | | | |  | | | | |  | | | | | |
| Pupil and School Support (PSS) | | | | |  | | | | |  | | | | | |
| Sensory Support | | | | |  | | | | |  | | | | | |
| Sexual Harmful Behaviour Team | | | | |  | | | | |  | | | | | |
| Social Care/Early Intervention Team | | | | |  | | | | |  | | | | | |
| Youth Offending Team (YOT) | | | | |  | | | | |  | | | | | |
| Other (please clarify) | | | | |  | | | | |  | | | | | |
| **Early Help Plan: Initiated: Telephone:** | | | **Yes**  **No**  **Yes**  **No** | | **Lead Practitioner: Organisation:** | | | | |  | | | | | |
| **Relevant Personal or Home Circumstances** (Parental involvement, family structure, LACES, Foster Care, Children’s Home, Child Protection, recent bereavement. Sensitive information should not be shared at this stage unless it is essential for the panel to know) | | | | | | | | | | | | | | | |
| **Additional Information** (Detailed picture of pupil, including positive attributes, any medical diagnosis, concerning behaviour with parties outside school, impact on peer group, interests and hobbies, membership of groups/clubs)  **Gang related issues: Yes**  **No** | | | | | | | | | | | | | | | |
| **Section 5 - *Risk Assessment and Safeguarding questionnaire*** | | | | | | | | | | | | | | | |
|  | | | | | | | | **0** | **1** | | **2** | **3** | **4** | **5** | |
| **0 = Unlikely**  **1 = Improbable**  **2 = Small Possibility**  **3 = Possible**  **4 = Probable**  **5 = Certain** | | Theft | | | | | |  |  | |  |  |  |  | |
| Truancy | | | | | |  |  | |  |  |  |  | |
| Absconding | | | | | |  |  | |  |  |  |  | |
| Substance Misuse | | | | | |  |  | |  |  |  |  | |
| Alcohol Misuse | | | | | |  |  | |  |  |  |  | |
| Damage to property | | | | | |  |  | |  |  |  |  | |
| Arson | | | | | |  |  | |  |  |  |  | |
| Weapon related incident | | | | | |  |  | |  |  |  |  | |
| Physical aggression towards peers | | | | | |  |  | |  |  |  |  | |
| Physical aggression towards adults | | | | | |  |  | |  |  |  |  | |
| Verbal aggression towards peers | | | | | |  |  | |  |  |  |  | |
| Verbal aggression towards adults | | | | | |  |  | |  |  |  |  | |
| Threatening behaviour towards peers | | | | | |  |  | |  |  |  |  | |
| Threatening behaviour towards staff | | | | | |  |  | |  |  |  |  | |
| Bullying peers | | | | | |  |  | |  |  |  |  | |
| Persistent defiance | | | | | |  |  | |  |  |  |  | |
| Persistent refusal to follow  instructions | | | | | |  |  | |  |  |  |  | |
| Sexual inappropriate behaviour  towards others | | | | | |  |  | |  |  |  |  | |
| Dangerous behaviour in the  environment | | | | | |  |  | |  |  |  |  | |
| Confidential child protection –  information available on request | | | | | | Yes |  | | | No |  | | |
| **Safeguarding Questionnaire** | | | | | | | | | | | | | | | |
| **Does the child appear to be:** | | | | **Yes** | | **No** | **Not sure** | | **Evidence/Comments** | | | | | | |
| Healthy? | | | |  | |  |  | |  | | | | | | |
| Safe from harm? | | | |  | |  |  | |  | | | | | | |
| Learning and developing? | | | |  | |  |  | |  | | | | | | |
| Free from crime or antisocial behaviour? | | | |  | |  |  | |  | | | | | | |
| Free from the impact of poverty or worklessness? | | | |  | |  |  | |  | | | | | | |
| Benefit type: | | | | | | | | | | | | | | | |
| **Section 6 – Signature of Referrer/Counter checked by:** | | | | | | | | | | | | | | | |
| **Name:**  **Position:**  **Email address:**  **Date:**  **Counter signatory / Checked by:**  **Name:**  **Position:**  **Email address:**  **Date:** | | | | | | | | | | | | | | | |