**Referral form & Booking Declaration**

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| --- | --- | --- |
| **Venue for SEMH courses** | | Hennock Primary School |
| **Name of Course** |  | |
| **Request No of places** |  | |

**School Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **School name** |  | **Tel No** |  |
| **SENDCo (and designated TA to work with the child)**  **Please state if a parent will be attending in place of a TA** |  | **Email addresses** |  |

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Age** |  | **Year Group** |  |
| **Reason for referral and any significant family context** |  | | |
| **Medical needs/allergies? (If yes, please attach a copy of any medical plans they have in place)** |  | | |
| **SEND?** |  | | |
| **Behaviour Care Plan?**  **(If yes, please attach a copy)** |  | | |
| **Details of any other relevant interventions the child currently receives** |  | | |
| **If you had a magic wand, what one wish would you have for this child?** |  | | |
| **Any other details we need to know in order to keep the child safe?** |  | | |

**Declarations**

* I understand that I am now making a firm booking.

**The full cost of the sessions (per half term) will be charged**, regardless of absence, or other events that permits attendance.

* I understand that The Inclusion Hub reserves the right to stop a session if behaviour deems the session unsafe or inappropriate. Alternative methods of support for the child may be discussed if this occurs.  
* I understand that my school is responsible for obtaining permission from parents/carers to attend these sessions, following the correct protocol as set out by my school. 
* I commit to being fully engaged throughout the course, to ensure the best outcomes for child and TA. 
* If the child has a medical need, I have provided the Inclusion Hub team with everything they needs to know to keep the child safe. I understand that any the administering of any medicines cannot be done by Inclusion Hub staff. 
* I will not use a mobile phone during the sessions, unless in an emergency. 
* I have read and understood the Link Academy Policies which have relevance to these sessions (available on our website). 
* I understand that all personal information relating to attending children will be kept securely by the Inclusion Hub during the duration of our sessions together. 

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please *email* completed form back to: **rebecca.humphreys@thelink.academy**