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| **Placement Request Form- *to be completed by referring Medical Consultant***  |

**The Triple Crown Centre provides temporary educational support (approx. up to 20 weeks) for children and young people who, as a result of their medical needs, have been or will be unable to attend their mainstream school for at least 15 school days.**

***Alternative provision is an intervention and is a part of children’s educational journey: it is not a destination.***

 **Referrals must be supported with information from one of the following:**

* **A hospital consultant following a child’s discharge from hospital due to injury or surgery**
* **A CAMHS consultant recommending a period of intervention (approx. up to 20 weeks)**
* **Medical professionals following a child’s discharge from a Tier 4 provision**

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| 1. **Child / Young Person’s Details**
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| **Name** |  | **Date of birth**  |  |
| **Address** |  | **Parent/ Carer name** **&****Contact number** |  |

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| 1. **Medical Details**
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| **Diagnosed Medical Condition** |  |
| **Please provide as much detail as possible about the condition that is preventing school attendance** | **Please continue on a separate sheet if needed and attach any additional supporting documentation.** |
| **Medication prescribed** |  |
|
| **Likely impact of this condition & medication on learning/ participation?** |  |
| **Select the statement that most applies** | **Currently, the pupil:**[ ] Should be able to attend their mainstream school on a reduced timetable/ days with reasonable adjustments [ ] Should be able to attend their mainstream school on a reduced timetable/ days if they are able to work in a separate area/ room (i.e. not moving around the site)[ ] Is able to attend the Triple Crown Centre building up to full time with the right  support [ ] Is too unwell to attend school **at all** due to the medical condition, *but* is well enough to receive remote education [ ] Is too unwell to attend school or access any form education***\*\* All placements at TCC are temporary and exit criteria should be considered \*\**** |
| **Other than the medical condition, give details of any other barriers that are preventing the child/young person from attending school:** |
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| **Details of relevant medical treatment / interventions received to date** |  |
| **What ongoing health support will the student receive?** |  |
| **\*FOR CAMHS REFERRALS ONLY\*** |
| **Can you confirm if this young person is under a consultant, is currently receiving treatment or is on a waiting list?**  |  |
| **Name of CAMHs Consultant:** |  |
| **Treatment pathway:** |  |

**Please attach the risk assessment if there is one in place**

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| 1. **Reintegration to Home School**
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| **In your medical opinion, how long do you recommend for this child’s placement at the Triple Crown Centre? (up to 20 weeks)** |  |
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| **What are the outcomes expected from this placement from a medical perspective?** What would you expect to see in the patient before a reintegration to school starts? |  |
| **What support from the pupil’s home school might help him/her to attend on a full or part time basis when they reintegrate?**  |
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| 1. **Referrer’s Details**
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| **Referral completed by:** |  | **Position** |  |
| **Service and Address** |  | **Tel no.** |  |
| **Email** |  |
| **TCC requires regular updates regarding changes in the child/young person’s ability to attend school and access our support** | **Name of contact** **(if different from above)**  |  |
| **Next medical review date** |  |
| **How often can we expect updates?** |  |
| **Preferred method of providing TCC with medical updates** |  **Attending review meetings via TEAMS**   **Phone call with TCC with medical review summary**  **Emailing TCC with medical review summary** (Please note TCC’s preference order is as above) |

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| 1. **Signature**
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| **I confirm that:*** **This young person is currently unable to attend their mainstream school for reasons of medical/mental ill health as detailed above;**
* **We will provide regular updates and liaise with TCC, for as long as he/she remains unable to attend school for reasons of ill health**
* **We will make a recommendation for a transition back to mainstream school based on the medical needs of each child**
 |
| **Signed:** (This must be signed by a specialist doctor/ consultant) | **PRINT NAME:****SIGNATURE:** | **Date:** |  |
| **On receipt of this form, we may seek further background information about the young person from you. This form must be submitted by the young person’s home school as supporting evidence for The Triple Crown Centre to be considered.** |

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| Return completed this form, with supporting documents if needed, to **the child’s home school** so they can complete the full referral | **Data Protection Act**This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals to inform their work. The information collected may also be used for the wider purpose of providing anonymised statistical data to assist with monitoring of provision and/or determining areas of need in order to target future resources. |