**Request for short term placement at Northgate School**

**Please return this form via email to** [**admissions@northgate.barnet.sch.uk**](mailto:admissions@northgate.barnet.sch.uk)

**Or via post**F.A.O. Northgate Admissions

Northgate School

Edgware Community Hospital   
Burnt Oak Broadway   
Edgware  
HA8 0AD

**Please complete all sections of the form. Incomplete forms may cause delays and form may be returned for completion.**

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| **Current School/Setting details** | | | | |
| **Name of school/Setting** |  | | | |
| **Type of setting (LA school, academy, Independent, College, other)** |  | | | |
| **School/Setting address (including postcode)** |  | | | |
| **School LA** |  | | | |
| **School Establishment number/LA** |  | |  | |
| **Start date with your school** |  | | | |
| **Attendance type** | **Current (single registration)** | **Current Main (dual registration)** | | **Current subsidiary (dual registration)** |
|  |  | |  |
| **Contact details of key adult making the referral including name and position in setting of contact** |  | | | |
| **Phone** | | **Email** | |
| **Contact details of SENCO** | **Phone** | | **Email** | |

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| **Please complete all sections of the form. Incomplete forms may cause delays and form may be returned for completion.** | | | | | | | | |
| **First Name** | | |  | | | | | |
| **Surname** | | |  | | | | | |
| **Preferred Name** | | |  | | | | | |
| **Address** | | |  | | | | | |
| **Date of Birth** | | |  | | | | | |
| **Address** | | |  | | | | | |
| **Parent/Carer Contact Telephone Number** | | |  | | | | | |
| **NC Year Group or College Year** | | |  | | | | | |
| **Unique Pupil Number (UPN)** | | |  | | | | | |
| **Unique Candidate Identifier (UCI)** | | |  | | | | | |
| **Unique Learning Number (ULN)** | | |  | | | | | |
| **Ethnicity** | | |  | | | | | |
| **Nationality** | | |  | | | | | |
| **Language spoken at home** | | |  | | | | | |
| **Religion** | | |  | | | | | |
| **Free School Meal** | | | **Yes** | | | **No** | | |
| **SEN provision** | | | **Yes** | | | **No** | | |
| **SEN type** | | | **(N) No Special Provision** | | **Yes** | | **No** | |
| **(K) SEN support** | | **Yes** | | **No** | |
| **(E) Education,**  **Health and Care plan (EHC)** | | **Yes** | | **No** | |
| **Pupil premium** | | | **Yes** | | | **No** | | |
| **Early Help Intervention** | **Yes** | **No** | **Looked After Child** | | | **Yes** | | **No** |
| **Child Protection plan** | **Yes** | **No** | **Child in Need** | | | **Yes** | | **No** |
| **Legal Care Status- In Care** | **Yes** | **No** | **Home Authority:** | | | **Yes** | | **No** |
| **Adopted** | **Yes** | **No** | **Social Worker details:** | | |  | | |
| **External Agencies involved, i.e. Drug and Alcohol Services.** | **Yes** | **No** | **Intervention:** |  | | **Engagement: Yes No** | | |

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| **Background information**  **Please clearly set out the young person’s difficulties in each area related to education. Only fill in the relevant sections where the child or young person has relevant difficulty** |
| **Social, emotional and mental health difficulties** |
|  |
| **Communication and interaction** |
|  |
| **Cognition and learning** |
|  |
| **Sensory, motor and physical difficulties** |
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| **Additional Health Needs** |
|  |
| **Additional Social Care Needs** |
|  |
| **Is there anything else you would like us to know about?** |
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| **Describe the strategies that have been put in place in school prior to this referral to accommodate the young persons need** |
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| --- | --- |
| **Mathematics** |  |
| **Science** |  |
| **Other subjects – please add below** |  |
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| **Key stage 2 prior attainment** |  |
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| **Current attendance %** |  |
| **Unauthorised Attendance %** |  |
| **Punctuality %** |  |

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| **Year 11 students only**  **Please include current examination subjects and examination boards.** | | | | |
| **Subject** | **Exam Board** | **Tier** | **Teacher prediction** | **Target Grade** |
| **English / Literacy** |  |  |  |  |
| **English Literature** |  |  |  |  |
| **Mathematics** |  |  |  |  |
| **Science** |  |  |  |  |
| **Other subjects – please add below** |  | | |  |
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| **Signed Headteacher** |  | **Date** |  |

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**If you are sending paper copies of documentation please return to Northgate School in an envelope marked confidential to: -**

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