| **For MHS office use only** |
| --- |
| Referral number | Enter referral number here |
| Date referral received | Enter date here |

| **Section 1: This section must be completed by an Education Professional.** |
| --- |
| **Education Referrer Information** |
| Full name of referrer | Enter name here |
| Referrer Role | Enter Role Here |
| Referrer School Name | Enter School Name here |
| Referrer School Address | Enter School Address Here |
| Referrer Contact number | Enter contact number here |
| Referrer Email Address | Enter email address here |

| **Personal Details of Young Person Requiring Support** |
| --- |
| Full Legal Name | Enter Name Here |
| Preferred Name | Enter Name Here |
| Date of Birth | Enter Date Here |
| Gender | Enter Gender Here | Preferred Pronoun | Enter Pronouns Here |
| Young Persons Home Address | Enter Address Here |
| Current Year Group | Enter Year Group Here |
| Date Pupil Started at your school | Enter Date Here |
| Ethnicity | Enter Ethnicity Here |
| Please tick any below that apply; |
| EAL | ☐ | Pupil Premium | ☐ |
| Free School Meals | ☐ | Service Child | ☐ |
| **SEN Information – Please tick any below that apply;** |
| EHCP | ☐ | Undergoing EHCP Assessment | ☐ |
| SEN Support | ☐ | Not Applicable | ☐ |
| If you have ticked any of the above, please provide more details such as what date was the ECHP granted? If undergoing assessment, when was the ECHP applied for? Is there a draft EHCP? What SEN Support is provided? | Enter Further Information Here |
| **LAC Information – Please tick any below that apply;** |
| LAC | ☐ | Adopted | ☐ |
| Previously LAC | ☐ | Not Applicable | ☐ |
| If you have ticked any of the above, please provide more details such as dates. When did the LAC or Adoption start? When did the LAC end? | Enter Further Information Here |
| **Safeguarding Information – Please tick any below that apply;** |
| Child Protection Plan | ☐ | Early Help | ☐ |
| Child In Need Plan | ☐ | Not Applicable | ☐ |
| If you have ticked any of the above, please provide more details. Please provide a brief chronology including start and end dates. | Enter Further Information Here |

| **Attendance Information**  |
| --- |
| Attendance percentage for this term (Last 6 school weeks) % | Enter the percentage here |
| Attendance percentage for this academic year % | Enter the percentage here |
| Attendance percentage for previous Academic Year % | Enter the percentage here. |

| **Advice from Health Professionals** |
| --- |
| Has a health professional (such as the school reintegration team, an occupational therapist,physiotherapist or nurse) given parents or school advice regarding this student’s return to school? | Yes or No? |
| If yes, what advice andrecommendations were given? | Enter information here |
| If you have been unable tocarry out theserecommendations, please givedetails. | Enter details here |

| **Reasons for Referral** |
| --- |
| Please explain why it is felt an AV1robot is appropriate for this pupilincluding a brief overview of the injury/illness preventing them fromattending school. | Enter explanation here |
| Please outline the schools plan for the continuing education and fullreintegration of the pupil if appropriate. | Enter plan here |

| **Section 2: This section must be completed by the young person’s Parent/Carer.** |
| --- |
| **Parent/Carer 1** |
| Parent/Carer Name | Enter Name Here |
| Parent/Carer Address Here | Enter Address Here |
| Home Contact Number | Enter Contact Number Here |
| Mobile Contact Number | Enter Contact Number Here |
| Email Address | Enter Email Address Here |
| Relationship to young person | Enter Relationship Here |
| **Parent/Carer 2** |
| Parent/Carer Name | Enter Name Here |
| Parent/Carer Address Here | Enter Address Here |
| Home Contact Number | Enter Contact Number Here |
| Mobile Contact Number | Enter Contact Number Here |
| Email Address | Enter Email Address Here |
| Relationship to young person | Enter Relationship Here |

| What are the views of the parent/carer? | Enter Views Here |
| --- | --- |
| What are the views of the young person? | Enter Views Here |
| I give consent for a referral to be made to Manchester Hospital School; |
| Parent/Carer | ☐ ☐ | Young Person | ☐ |
| I give permission for the home school to share relevant reports with Manchester Hospital School: |
| Parent/Carer | ☐ ☐ | Young Person | ☐ |
| Name of Parent/Carer giving consent | Enter Name Here |
| Name of young person giving consent | Enter Name Here |
| Date consent given | Enter Date Here |
| I confirm I have had sight of the completed referral form | Yes or No? |

**School to School agreement**

| Between | Enter School/Academy name here | And Manchester Hospital School |
| --- | --- | --- |
| Pupil Name | Enter Pupil Name Here |

**In order to support your school accessing an AV1 robot Manchester Hospital school will:**

● Send an ICT technician to deliver to the robot and iPad – providing a demonstration both at school and at the pupil’s home if appropriate.

● Review your use of the robot regularly to see if it is still appropriate for that pupil.

**We expect participating schools to:**

● Provide an appropriate member of staff to accompany the ICT technician to the pupil’s home.

● Inform parents of the home visit and provide them with information about the AV1 robot prior to this.

● Notify Manchester Hospital School as soon as possible if there are any problems with or any damage occurs to the AV1 robot or iPad. Significant damage to the robot may incur a charge for repairs.

● Let Manchester Hospital school know promptly if the robot is no longer being used so it can be collected and reallocated.

| I agree to the agreement outlined above | Yes or No? |
| --- | --- |
| Name | Enter Name here |
| Role in your school/academy | Enter role in your school/academy here |
| Date SLA signed | Enter Date Here |

Please return form to: *adviceandguidance@hospitalschool.manchester.sch.uk*