

**ERSA BOOST @ Ham Youth Centre Alternative Curriculum Application Form**

| **Date of application** |  | **Name of pupil** | |  | | | |
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| **DOB** |  | **Ethnicity (4 dig code)** | |  | | | |
| **Name of School** |  | **Year Group** |  | **Current Attendance** |  | **Attendance 2020/21** |  |
| **School contact name** |  | **Job title** | |  | | | |
| **School email address** |  | | | | | | |
| **Name of EISS Advisory Teacher supporting case** |  | | | | | | |
| **Reason for referral (please detail what you know about the young person’s school avoidance)** |  | | | | | | |
| **Pupil voice (specifically around their thoughts on school and the reason/s for their school avoidance)** |  | | | | | | |
| **Address of young person** |  | | | | | | |
| **Name of main parent/carer**  **phone number and email address** | Name:  Phone Number:  Email Address: | | | | | | |
| **How will the pupil travel to and from Ham Youth Centre?** |  | | | | | | |
| **EHCP?** | Yes ☐ No ☐ | **EHCP Coordinator (name)** | |  | | | |
| **Pupil Premium?** | Yes ☐ No ☐ | **Child looked after (CLA)** | | Yes ☐ No ☐ | | | |
| **Details of SEN diagnosis and/or additional needs** |  | | | | | | |
| **Educational psychologist** | Yes/No (If yes, provide name and email) | | | | | | |
| **Social worker/ Youth Services** | Yes/No (If yes, provide name and email) | | | | | | |
| **Family support worker/Early Help** | Yes/No (If yes, provide name and email) | | | | | | |
| **Emotional Health Service** | Yes/No (If yes, provide name and email) | | | | | | |
| **CAMHS Tier 3** | Yes/No (If yes, provide name and email) | | | | | | |
| **Additional Information:** |  | | | | | | |

| **Headteacher/SEN Service signature** |  |
| --- | --- |
| **Date** |  |
| **Parent’s or carer’s signature** |  |
| **Date** |  |

**Document checklist to include with application form**

| **Last school report** |  | **IEP/Support plan/Behaviour Plan** |  | **EISS referral, VSR and any other documentation that is applicable** |  |
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