



Believe, Achieve, Succeed

Placement Request Form- to be completed by referring Medical Consultant

Request for an educational placement for **Enter text.** (Pupil's Name)

The Triple Crown Centre provides temporary educational support for children and young people who, as a result of their medical needs, have been or will be unable to attend school for at least 15 school days. Ordinarily, the majority of our placements will be for between 6 and 20 weeks.

A. Child / Young Person's Details

Name	Enter text.	Date of birth	Click here to enter a date.
Address	Enter text.	Ethnic Origin	Choose an item.
Parent/carer name	Enter text.	Tel no.	Enter text.

B. Medical Details

Please provide <u>as much detail as possible</u> about the condition preventing school attendance	Enter text. Please continue on a separate sheet if needed and attach any additional supporting documentation.
Medication prescribed	Enter text.
Likely impact of this condition & medication on learning?	Enter text.
Likely impact on social/ emotional wellbeing?	Enter text.
Select the statement that most applies	Currently, the pupil: <input type="checkbox"/> Is too unwell to attend school or access education at all <input type="checkbox"/> Is too unwell to attend school at all due to the medical condition, <i>but</i> is well enough to receive remote education <input type="checkbox"/> Is able to attend the Triple Crown Centre full time with the right support
Other than the medical condition, give details of any other barriers that are preventing the child/young person from attending school:	
Enter text.	
Details of medical treatment / intervention already received	Enter text.
What <u>ongoing health support</u> will the pupil receive?	Enter text.

FOR SOLAR REFERRALS ONLY*

Can you confirm this young person has a Solar practitioner, is receiving treatment, or is on a waiting list?	Choose an item.
Name of Solar practitioner:	Enter text.
Treatment pathway:	Enter text.
Is there a risk assessment in place?	Choose an item. If YES, please attach

C. Reintegration to Home School

In your medical opinion, how long do you recommend for this child's placement at the Triple Crown Centre?	Choose an item. ** Please note that most of our placements will be between 6-20 weeks**
How soon do you estimate he/she can begin a supported reintegration to their home school?	Choose an item.
What support from the pupil's home school might help him/her to attend on a full or part time basis – now, or in the future?	
Enter text.	

D. The Triple Crown Centre Support

Most of our provision is face to face in school. Is this appropriate for the child/young person?	Choose an item.	If you have answered 'NO', what are your reasons?	Enter text.
What other types of provision could meet the child's needs?	<input type="checkbox"/> TCC to advise and/or provide guidance to home schools <input type="checkbox"/> Remote lessons from home <input type="checkbox"/> SEMH intervention work <input type="checkbox"/> Directed independent study <input type="checkbox"/> Learning in a quiet area of their home school with TCC support Other: _____ _____		

E. Referrer's Details			
Referral completed by:	Enter text.	Position	Enter text.
Service and Address	Enter text.	Tel no.	Enter text.
		Email	Enter text.
*We require 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)		Enter text.
	Medical Review date		Click here to enter a date.
	How often can we expect updates?		Enter text.

F. Signature			
I confirm that:			
<ul style="list-style-type: none"> • This young person is currently unable to attend school for reasons of medical/mental ill health; • 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:	Enter text. <i>(Consultant/Solar practitioner)</i>	Date:	Click here to enter a date.
On receipt of this form, we may seek further background information about the pupil from you, school or other agencies. This form, as well as additional documentation you provide, will be submitted by the child's home school as supporting evidence.			

<p>Return this completed form, with supporting documents to the child's home school so they can complete the full referral</p>	<p>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.</p>
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