

Managed Intervention Centre Referral form

Type of referral:

<input type="checkbox"/>	Managed intervention
<input type="checkbox"/>	6 day plus (you <u>must</u> attach the exclusion letter)
<input type="checkbox"/>	Assessment placement

Name of school	Date of referral	Local Authority

Name of referrer/ key contact	Email address	Phone number

Pupil surname	First name	Preferred name

Gender	DOB	NC year	LAC (Y or N)	UPN

Main address including postcode

A minimum of two named contacts with three numbers are required

Contact person 1	Relationship to pupil	Contact number

Contact person 2	Relationship to pupil	Contact number

Contact person 3	Relationship to pupil	Contact number

Other agencies involved:

e.g. Social Worker YOT Worker CAMHS etc.

Name of agency	Name of contact	Phone number

Involvement

English			
Maths			
Science			
Additional notes:			

Referral Detail

Strengths:

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Reason for referral:

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Strategies put in place by the school:

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Aims of the placement at the Childerley:

1	
2	
3	

What will the next steps be should this placement be unsuccessful?

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Requested placement length (maximum 5 weeks)	Re-integration meeting date and start time at school.

Proposed start date:	Proposed end date:

Agreement to placement

	<i>Signature (or tick box if agreed)</i>	Date
Parent	<input type="checkbox"/>	
School	<input type="checkbox"/>	
Managed Intervention Centre	<input type="checkbox"/>	

Where students are required to access online work set by their subject teachers during their placement, please provide login details below:

Platform name	Student login	Student password