**Appendix 2**

**Intention to Transfer Form**

To be used for all Key Stage 4 (Year 10 and 11) transfers, Managed Moves, Permanent Exclusions and the vulnerable groups referenced in the Fair Access Protocol

The purpose of this form is to make a referral to the Fair Access Panel in order to discuss your son/daughter’s education placement. This may result in a change of placement, support and guidance in the form of advice to school, a visit by Access & Inclusion staff, a report being written or a referral to an Access & Inclusion panel.

|  |
| --- |
| **How we use your personal information**  The information on this form (and any additional information attached) will be used by the Access & Inclusion Service to discuss your child and their Education provision in line with the Council’s legal duty and public task.  To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here [www.rctcbc.gov.uk/serviceprivacynotice](http://www.rctcbc.gov.uk/serviceprivacynotice) and the Councils data protection pages here [www.rctcbc.gov.uk/dataprotection](http://www.rctcbc.gov.uk/dataprotection). |

**SECTION 1: REFERRAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referring School/Agency:** |  | | **Date of Referral:** |  |
| **Name of**  **School/Agency**  **Contact:** |  | | **Role:** |  |
| **Email address:** |  | | **Phone number:** |  |
| **Referral for:**  **(Please tick)** | **In-Year Transfer** |  | **Managed Move** |  |
| **Permanent exclusion** |  | **Other** |  |
| **Reason for referral/presenting issues:** |  | | | |

**SECTION 2: PUPILS DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Pupil:** |  | | | | |
| **Date of Birth:** |  | **Male/Female:** | |  | |
| **Current school:** |  | **Admission date:** | |  | |
| **Previous school:** |  | **Admission date:** | |  | |
| **Year Group:** |  | **UPN:** | |  | |
| **Is the Child Looked After (CLA)?:** | Yes/No | **If CLA**  **responsible LA:** | |  | |
| **Code of Practice:**  **(Please tick)** | **Early Years Action or**  **School Action** |  | **Early Years Action Plus/**  **School Action Plus** | |  |
| **Statemented** |  | **Not applicable** | |  |
| **Primary Need**  **(Please tick)** | **Cognition/learning** |  | **Social, emotional/behavioural** | |  |
| **Sensory/medical & health** |  | **Speech, language &**  **communication** | |  |

**SECTION 3: FAMILY DETAILS**

|  |  |  |
| --- | --- | --- |
| **Parent’s/Carer’s Name(s):** | 1 | 2 |
| **Home Address:** | 1 | 2 |
| **Phone Numbers:** | Home  Work  Mobile | Home  Work  Mobile |

**SECTION 4: PUPIL ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **National Curriculum Area** | **Teacher Assessment** | | |
| **Current Performance** | **End of KS2 levels** | **End of KS3 levels** |
| **Welsh (first language)** |  |  |  |
| **English** |  |  |  |
| **Mathematics** |  |  |  |
| **Science** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Stage 4**  **Subjects** | **Key Stage 4**  **Course Followed** | **Key Stage 4**  **Current Grades** | **Key Stage 4**  **Predicted Grades** |
|  |  |  |  |
| **Key Stage 4 Controlled Assessment Results** | | | |
| **Subject** | **Assessed Element** | **Completed**  **(Yes/No)** | **Available**  **(Yes/No)** |
|  |  |  |  |

**SECTION 5: PUPIL STRENGTHS/AREA FOR DEVELOPMENT**

|  |
| --- |
| **Pupil Strengths** |
|  |

|  |
| --- |
| **Pupil Needs/Areas for Development** |
|  |

**SECTION 6: ATTENDANCE & EXCLUSION DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance** | **Current academic year** | **Previous academic year** | **Attendance Record Attached \*please ensure that attendance records are sent as supporting evidence.** |
| Percentage (%) |  |  | Yes/No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exclusion** | **Number of incidents** | **Number of days** | **Date** | **Main Reason for Exclusion(s)** |
| Fixed Term  – current year |  |  |  |  |
| Fixed Term  - previous year |  |  |  |  |
| Permanent  – current year |  |  |  |  |
| Permanent  – previous year(s) |  |  |  |  |

**SECTION 7: HISTORY OF SCHOOL BASED INTERVENTIONS AND SUPPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date** | **Nature of Intervention** | **Frequency /Duration**  **of Intervention** | **Staffing Ratio (e.g. 1:1, 1:6)** | **Supporting Evidence attached (please tick)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Existing Plans** | **Yes/No** | **Supporting Evidence attached (please tick)** |
| IEP at Early Years Action/School Action | Yes/No |  |
| IEP at Early Years Action Plus/School Action Plus | Yes/No |  |
| Pastoral Support Plan | Yes/No |  |
| Risk Assessment/Management Plan | Yes/No |  |
| Positive Handling Plan | Yes/No |  |

**SECTION 8: EXTERNAL AGENCY INVOLVEMENT**

**Please ensure that all necessary supporting documents are attached.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Date of Last Involvement** | **Supporting Evidence attached (please tick)** |
|  |  |  |  |
|  |  |  |  |

**SECTION 9: PUPIL/PARENT VIEWS**

|  |
| --- |
| **Child/Young Person’s Views:** |
|  |
| **Parent/Carer’s Views:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Choice of school (in order of preference)** | | | |
| **1st** |  | **Reason** |  |
| **2nd** |  | **Reason** |  |
| **3rd** |  | **Reason** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Head Teacher name:** |  | **Signature** |  | **Date** |  |
| **LA representative name** |  | **Signature** |  | **Date** |  |

**SECTION 10: DECLARATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent / guardian**  I am aware and understand that my son/daughter will be referred to the Fair Access Panel regarding their education placement.  Please advise the Service if you would like your correspondence in Welsh or English | | | | | |
| Parent / guardian name: |  | | | Parent / guardian signature: |  |
| Date: |  | Additional notes: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Headteacher**   * I confirm that the information contained in this form (and any additional information attached) is accurate. * I have made the parent/guardian aware of: * How the personal data will be used to identify additional support if appropriate. * How they can access their information rights and further information via the Data Protection pages of the Council’s website. | | | | | |
| Head Teacher name: |  | | | Head Teacher signature: |  |
| Date: |  | Additional notes: |  | | |

***Panel Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| *Agreed school:* |  | | |
| *Pre-admission date:* |  | *Agreed start date:* |  |
| *Agreed actions:* | | *Responsible professional:* | *Deadline:* |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Reason for Referral to Fair Access Protocol Panel (please tick the most relevant category)*** | | | |
| *Parental In Year Transfer request* |  | *KS 4 Intention to Transfer* |  |
| *Permanent exclusion* |  | *High risk of permanent exclusion* |  |
| *SEN – no statement of SEN* |  | *PRU reintegration* |  |
| *Gypsy/Traveller* |  | *Young Carer* |  |
| *Attendance Issues* |  | *CLA* |  |
| *YOS/Criminal Justice Involvement* |  | *Other* |  |