

## FAIR ACCESS REFERRAL FORM

This form is to be used for a child or young person without an Education Health Care Plan (EHCP) when they are being referred under the Fair Access Protocol (FAP). Each pupil will go to FAP for their new school to be identified. Following the FAP decision, the new receiving school will then follow the timescales referred to in the protocol.

### PUPIL'S DETAILS

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Home Address:</b> Please include all addresses where the pupil resides.			
<b>Telephone Number:</b>			
<b>Year Group:</b>			
<b>APS:</b>		<b>Previous Schools:</b>	
<b>Attendance at Altus School:</b>	%	<b>Sessions attended</b>	<b>Sessions available</b>

**REASON FOR REFERRAL:** as listed under section 3.17 of the School Admission Code 2021

Permanent Exclusion ( <b>Governors MUST ratify prior to referral</b> )	
Children in The Altus School who need to be integrated into mainstream education	
Special Educational Needs (without an EHCP) / Disability or Medical Condition	
Children who are carers	
Children who have been refused a school place on grounds of challenging behaviour and have been referred to FAP (paragraph 3.10 of the Code)	
Previously LAC where the LA has been unable to promptly secure a school place	
Child who is subject to a CIN or a CPP or having had a previous plan within 12 months at point of referral to FAP	
	Children in formal kinship care arrangements
	Children who are homeless, living in a refuge or in other Relevant Accommodation
	Children of, or who are, Gypsies, Roma, Travellers, refugees and asylum seekers
	Children from the criminal justice system
	Children who have been out of education for 4 or more weeks and where it can be demonstrated that there are no places at any school within a reasonable distance of their home
	Children for whom a place has not been sought due to exceptional circumstances

### **PUPIL VOICE**

An opportunity for the pupil's voice to be captured

(YEAR 10/11/STUDENTS ONLY - please include courses currently studied):

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### **PARENT/CARER/FAMILY VOICE**

An opportunity for the parent/carer/family voice to be captured

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### **PERMANENT EXCLUSION**

The Governors Disciplinary Meeting (GDM) must have been held and the Governors MUST have ratified the PEX prior to referral to FAP.

**Section A of the online form provides details of the incident/events leading to the permanent exclusion. Please note below any mitigating circumstances at the time of the PEX. If there are none, or none known, please also state this below:**

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**What reasons behind the behaviour(s) have been identified through assessment?**

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**What support or reasonable adjustments does the pupil need in their new school to meet their needs?**

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Additional Information	x	Please Give Details			
SEND: SEND support?					
SEND: under EHCP assessment? Graduated pathway					
Disability or Medical Condition that requires reasonable adjustments					
Previous schools (either through admissions process, in-year admissions process, or through Managed Moves)					
Suspensions – please see section A of the online form. Any further Suspensions not noted on the form to be stated here:		No. of days:		Year:	
		No. of days:		Year:	
		No. of days:		Year:	

PEX from other Authority

### **PUPIL'S SITUATION**

Is the parent/carers aware that this referral to FAP is being made?

**Yes / No**

Please give details why particular school placements may be appropriate for the pupil concerned. Please list up to 3 preferences in priority order. However, a place cannot be guaranteed at any of the schools listed.

	School Name	Reason
1		
2		
3		

Is the parent/carers aware of these preferences, and are they in agreement?

**Yes**

**No**

### **CONSENT**

I declare that the information contained in this referral is true and I am aware that failure to provide accurate information may affect the child's placement through the Fair Access Panel. By completing and signing this referral form, you will be giving your consent to share information as appropriate.

Signature of child and date	
Signature of parent/carers and date	
Signature of representative and date	
Signature of Outcome Co-ordinator and date	

### **FAP REFERRAL COMPLETED BY ALTUS/IN-YEAR/PROFESSIONAL**

Date FAP referral received:	
Name / role of referrer:	

Please send the completed form to: In-Year Admissions, Access to Learning, Shire Hall, Gloucester, GL1 2TP. Email: [fairaccess@gloucestershire.gov.uk](mailto:fairaccess@gloucestershire.gov.uk)

Data Protection: In accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 we must inform you how we use this information. Gloucestershire County Council uses this information for the purposes of Fair Access Panel, in line with our responsibilities under the School Standards and Framework Act 1998. For further information on how we use this information, please view our Privacy Notice which can be found online

<https://www.gloucestershire.gov.uk/council-and-democracy/data-protection/service-specific-privacy-notice/Education-Children-with-Additional-Needs>