

Request for Virtual School Service

Please tick one box and forward to:- eotashealth@northumberland.gov.uk	Medical Mental Health : <input type="checkbox"/>
School:	Medical Physical Health : <input type="checkbox"/>
Date Passport sent to EOTAS Health email address:	


IMPORTANT - This referral will not be considered without an appropriate supporting medical letter

Section 1 : Learner details

Surname		Forename(s)	
Date of Birth		National Curriculum Year Group	
UPN :			
Preferred gender identity		First Language	
Religion		Ethnicity	
Looked After status	Currently Looked After Yes : <input type="checkbox"/> No : <input type="checkbox"/>	Previously looked After Yes : <input type="checkbox"/> No : <input type="checkbox"/>	
Children Services status	Child in Need Yes : <input type="checkbox"/> No : <input type="checkbox"/>	Child Protection Yes : <input type="checkbox"/> No : <input type="checkbox"/>	EHA Yes : <input type="checkbox"/> No : <input type="checkbox"/>

Please tick if any of the following apply :

- STAR funding has been agreed :
- an application for an EHCP has been started :

- EHCP has been agreed : 

Section 2 : Parent/Carer details

Name of preferred contact at home		
Mobile		
Landline		
Home address (include postcode)		
E-mail address of Parent/Carer		

Section 3 : School Information

Key contact person in school (to whom EOTAS Monthly Reports will be sent)	
Name	
Position	
Telephone	Landline: Mobile:
Email	

School Attendance Lead (to whom EOTAS Monthly Register will be sent)	
Name	
Position	
Telephone	Landline: Mobile:
Email	

Please provide the last
½ term's % attendance

Section 4 : Academic information

English	Working towards	At expected	Greater depth	KS2 SAT result / Scale score
KS1 - 3				
KS4	English Lit	English Lang		
Predicted GCSE grade				
Last assessment grade				
Date awarded				
Subject teacher				
E-mail contact				

Maths	Working towards	At expected	Greater depth	KS2 SAT result / Scale score
KS1 - 3				
KS4				
Predicted GCSE grade				
Last assessment grade				
Date awarded				
Subject teacher				

E-mail contact	
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Science	Working towards	At expected	Greater depth	KS2 SAT result / Scale score
KS1 - 3				
KS4	Biology	Chemistry	Physics	Combined Science
Predicted GCSE grade				
Last assessment grade				
Date awarded				
Subject teachers				
E-mail contact				

Section 5 : Evidence of support offered in school prior to EOTAS referral

Support Offered:	Evidence of Impact :

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Section 6 : Expected educational outcomes during EOTAS Health Needs involvement

	Action	Outcome	Timescale
1			
2			
3			

4			
5			

We expect the school to provide us with at least three key outcomes linked to the pupils current progress and these will be reviewed with the schools regularly

Section 7 : Health needs

Please describe in detail how the child's medical condition has been a barrier to this child attending school and/or making expected progress. Please include any other medical information that will be helpful.

Section 8 : Relevant family information

Please provide us with all **relevant** information about the pupil's family

Section 9 : Details of involvement from other agencies

Agency	Name of lead professional	Telephone / e-mail contact details	Report attached (Please ✓ or X)	Date of last review meeting

Section 10 : Safeguarding information

Are there any additional safeguarding concerns :

YES :

NO :

Please outline any additional information which will ensure the child/staff are kept safe

Is a Risk Assessment required prior to the service beginning to teach this young person? **Please remember we may be teaching them 1:1**
Yes / No

Has the school ever completed a Risk Assessment for this pupil?
Yes / No

If Yes the completed document must be attached

Section 11 : Additional information

What strengths does the learner demonstrate?

What hobbies, interests and aspirations does the learner have? (e.g. membership of clubs, out of school interests, favourite subjects, career aims)

Information storage and information sharing

A. I understand that the information that is recorded on this form will only be shared with relevant professionals within the EOTAS service :

A Parent

A Carer

- I understand that EOTAS teaching will not begin until I sign and return the parent/carer agreement form to EOTAS (this will be sent out once the referral has been accepted)

Parent / Carer :

Signed :			
Name :		Date :	

B. Despite our efforts to get a parent/carer to sign the above, we have not managed to secure a signature but we feel that it is in the best interests of the young person to access provision from EOTAS

School representative :

Signed :			
Job Title			
Name :		Date :	

In completing this form you are agreeing to the collection of this personal data by the Virtual School on behalf of Northumberland County Council. This data will not be shared with any external parties and will not be used for marketing purposes. The full EOTAS Health Needs privacy notice can be read on the NCC website <https://www.northumberland.gov.uk/About/Contact/Information.aspx>

If you have a freedom of information or subject access request please e-mail : foi.children@northumberland.gov.uk where your request will be dealt with centrally.

Please email the completed form to : eotashealth@northumberland.gov.uk