


Office Use Only:

Carer contact	
School contact	
Medical info	
Transport/taxi	
Invoicing	
CPOMS	
Start date:	

Referral Form

Please ensure that all sections are fully completed, including transport details. Incomplete referral forms will be returned.

1. Referral

Current Establishment (School/Provision/ EOTAS)			
Named Contact			
Tel. N°		Email	
Does your setting have CPOMS? _____			

2. Student details

First Name		Surname	
Date of Birth		Gender	
Current School Year		Ethnicity	
First language		Religion	
Home Address _____			
Tel. N°.		Email	

Main carer information

Name:		Does this person have parental responsibility? _____	
Address:	_____ _____		
Relationship to student:	_____		
Tel. No.		Email	

Additional carer's information

Name:		Does this person have parental responsibility?	
Address:			
Relationship to student:			
Tel. No.		Email	

3. Education Profile**Student's prior attainment**

ARE (Age related expectations)	Well below ARE	Below ARE	ARE	Above ARE	Well above ARE
Maths					
Reading					
Writing					
Language comprehension					
Further comments:					

Exclusion history over last 12 months

Dates of exclusion		Length of exclusion (days)	Reason for internal / external exclusion
From	To		

4. Social Profile

Family Overview

Please mention any other siblings including names and ages. Who lives at home and any other details of the household that may help us in working with the student.	Siblings (if any)		
	Name	Age	School
Who lives at home:			

Other Agency Involvement (indicate all that apply)

	Current	Expired	Contact Name	Email/Phone
YOT				
Police				
CAMHS				
Social Services				
EWO				
Learning Support				
EP				
Other				

Current Status

Does the learner fall into any of these groups?

Tick all that apply

LAC (in LA Care)

1

Adopted

Kinship care

7

Previous LAC

7

Traveller child

Asylum seeker

5

Young carer

11

Young offender

7

Eligible for FSM

☐

School refuser

1

Not in the classroom

1

Disengaged

7

5. Reason for Referral

	Indicate one
1. Student is either at risk of exclusion or has been excluded, or is currently not at the right setting, and needs support to continue engaging in education.	
2. Student needs extra support during a time of transition e.g. from school to employment, mainstream to specialist setting, between care arrangements.	
3. Enrichment. Student may already be attending another provision.	
Please give additional information:	

6. Student learning path

PHO focuses on building basic skills with 1:1 support, in the context of our unique outdoor setting. Please choose up to 5 of the following areas the student needs support with and rank from the greatest need (1), to the area of least need (5).

	Rank		Rank
Flexible thinking/ response to change		Transitions between activities/places	
Independence		Use of appropriate language (not swearing)	
Following instructions		Developing new skills	
Diet		Self-esteem	
Physical stamina		Self-expression and reflection	
Social interactions with adults		Self-regulation	
Social interactions with peers		Other (please state):	

How long do you envisage the student will need to access Path Hill?

Provide details of the students' interests and aspirations

7. Additional needs

Does the student have any of the following? Please give details <i><u>*Please include EHCPs/ Medical management plans/ Behaviour plans/ Risk assessments</u></i>	
SEND	
ADHD	
ASD	
PDA traits	
Attachment Disorder	
Other SEND diagnoses (please state)	

Medical needs *<i>Please make sure student brings in their medication</i>	
Asthma *	
Allergies *	
Other medical needs (please state)	
Behavioural needs	
Does the student have a history of absconding?	
Has the student been physically restrained within the last year?	
Any known risk factors? e.g., substance abuse, bullying, online grooming, involvement in the crime, child exploitation	
Any behaviour triggers? (Please state)	

Referrer's Name		Referrer's Signature	
Referrer's Position		Date	

Parent's Name		Parent's Signature	
Date			

REMINDER: Please attach a copy of any relevant plans such as an EHCP, risk assessments or behavioural support plans already in place.

NB. Referrers are responsible for informing Path Hill Outdoors if any of the above information changes.

Medical/contact form – PLEASE WRITE IN CAPITALS

This is essential information required before the student starts at Path Hill Outdoors

Student Name:	
Address:	
Telephone:	
Email:	
Male / Female	Date of Birth
Adult Contact (in case of emergency) Name: Relationship to Participant: Emergency Phone Number(s):	
Name and address of doctor: Phone no.	
MEDICAL INFORMATION (please circle answers as appropriate)	
1. Does your child suffer from any conditions requiring medical treatment?	Yes / No
If yes, please give brief details	
2. Does your child suffer from any allergies (including taking medication)?	Yes / No
If yes, please give brief details	
3. Has your child received a Tetanus injection within the last 5-years?	Yes / No
4. Does your child have any special dietary requirements?	Yes / No
If yes, please give brief details	
OTHER INFORMATION	
Is there any additional information we need to know? If so, please give details:	
DECLARATION	
I agree to the child on this form receiving medical treatment including anaesthetic as considered necessary by the medical authority present (e.g. paramedic).	
Signature: Date:	
Occasionally, if a child is feeling unwell, staff will administer paracetamol or antihistamine , according to the guidance provided by the manufacturer, or as advised by carer. I consent to the child on this form receiving paracetamol or antihistamine as considered necessary.	
Signature: Date:	

Path Hill photographic, filming & transport consent form

Student or young person's name:.....

Please note: If you do not wish the person named to have their photograph taken, be filmed or transported by car by employees of Path Hill Outdoors, please feel free to decline/ leave blank.

Photographs and film are used for a variety of reasons including evidence of learning, coaching to improve technique and for promotional purposes such as the Path Hill website.

☐ I hereby agree and give consent to my child's photograph being taken or being filmed, on the understanding that it may be used in full or part for publicity purposes by Path Hill Outdoors.

☐ I hereby agree and give consent for Path Hill Outdoors to use any photos for the purposes of producing; Photo Books, portfolios and Reports.

☐ I hereby agree and give permission for Path Hill staff to transport my child for the purpose of offsite visits and field trips.

Please state your relationship with the named person.....

Signature _____

Printed name _____

Date _____

GDPR Compliance – We will keep this information securely for a maximum of five years from the date the student leaves Path Hill. After this time all data will be destroyed.

Please refer to our privacy policy on our website www.pathhill.com for additional information.

Path Hill Invoice Information Form

Student name.	
Name of your organisation/school.	
Full organisation/school address and postcode.	
The details of the person who will be processing invoices in your organisation for this student.	Name: Tel: Email:
The details of the person who will raise the PO number if different from above	Name: Tel: Email:
If you would like us to CC another member of staff in when invoices are sent from Path Hill, please state their email address.	
Please state the invoicing start date for this student at Path Hill.	
Please state the expected finishing date for this student at Path Hill or leave blank if the placement is open ended.	
Please note: Unless otherwise arranged, invoices for this student will be sent twice a term (every 6 weeks approximately). We are a small not for profit organisation that incurs cash flow issues when invoices are not paid on time. Therefore, we would very much appreciate prompt payment of all invoices within 30 days of the invoice date. Path Hill will need notification a full two weeks in advance of any early termination of this student's programme (if different to the date stated above). Failure to do this will result in the outstanding weeks being charged for. Thank you in advance	

Print name:.....

Signed:..... Date:.....

Referral Conditions

1. Your booking is with Path Hill Outdoors Ltd.

Registered office: Path Hill Outdoors Ltd, Path Hill, Goring Heath, Oxfordshire RG8 7RE.

Company registration number 7517931

2. All instructors are fully qualified, DBS checked and safeguard and first Aid qualified and experienced in working with participants in their particular activity. All activities are risk assessed and Path Hill has public liability insurance for £10 million.

3. Our referral documents request information on relevant medical conditions and the reasons for the referral. They also incorporate photo consent. Consent for overnights and expeditions will be sent to referring agencies and parents/guardians when required.

Termination of Programme

4. Cancellation of a programme can be made by Path Hill or the Referral Agency.

Path Hill Outdoors will request to stop a programme if

- The student consistently fails to attend the centre – 4 weeks notice
- The student consistently refuses to engage in any programme – 4 weeks notice
- The student consistently disrupts other students learning – 4 weeks notice
- The student consistently threatens or has assaulted staff or other students with violence - Immediate

5. We require two weeks notice (10 working days) from the referral agency for the student's programme to be terminated.

6. Term Dates

You can find Path Hill term dates on our website pathhill.com. We will assume that your student is going to attend during term time on their allocated day/s even if your school/college has an inset/training day. Please notify us of any such days that your student will not be attending at least 2 weeks before the date.

You will still be charged for this day unless due notice has been given (2 weeks).

Temporary cancellations by Path Hill Outdoors

7. Path Hill Outdoors reserves the right to change or cancel a programme due to circumstances outside its control and where it is deemed that students and staff may be put at risk. Circumstances include (but are not limited to) adverse weather conditions such as heavy snow, high winds and flooding. In the event of a cancellation Path Hill Outdoors will refund the value of the booking.

How to pay

8. To make a deposit or balance payment by BACS:

Santander Bank
46 Broad Street
Reading
RG1 2AA

Sort: 09-01-29
Acc: 06353140

Our Ref: Please reference your school/organisation name and date of event

You can send a cheque made payable to 'Path Hill Outdoors' to the address below

Path Hill Outdoors, Path Hill, Goring Heath, Oxfordshire RG87RE

Please state your school or organization name and date of event on the reverse of the cheque

Many thanks in advance

PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS

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