**One-to-One Tuition Referral Form**

There are 9 sections to this referral form. The more information you are able to provide, the better we can meet the needs of the student. We require all fields with asterisks (\*) to be completed in order to be able to process your referral.

Please send the completed form to the Programmes Team at [support@equaleducation.co.uk](mailto:support@equaleducation.co.uk). You can email the team at this address or call them on 03333 050850 if you have any questions re. referring for tuition.

# 1) Referrer\*

|  |  |
| --- | --- |
| **Date referral made** |  |
| **Referrer Name** |  |
| **Organisation/School/ Local Authority** |  |
| **Address** |  |
| **Mobile Number** |  |
| **Email** |  |
| **Point of contact for safeguarding and child protection concerns.** *(If referrer, leave blank)* | Name: |
| Email: |
| Phone: |

# 2) The Student\*

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Preferred Name**  (if different from name above) |  |
| **Date of Birth** |  |
| **Gender identity & preferred pronouns** |  |
| **Year group** |  |
| **Student Profile**  *(Information on the background and current circumstances of the young person, if they have any diagnosed needs, their interests and likes/dislikes, why this tuition is being commissioned, and any needs we/the tutor need to be aware of.)* |  |
| **First language** |  |
| **UPN** (if known) |  |

|  |  |
| --- | --- |
| **Does the student have an EHCP and/or PEP?** | Yes  No  (If yes, please attach, along with any other relevant documentation) |
| **What are the identified areas of need for this student?** | Communication & Interaction  Cognition & Learning  Social, Emotional & Mental Health  Sensory and/or Physical  Medical  Other (specify) |
| **Please outline any behavioural considerations for the student.** |  |
| **Does the student have a risk assessment?** | Yes  No  (If yes, please attach) |
| **Is the student, or have they ever been:** | Designated a Child In Need (CIN)?  On a Child Protection (CP) Plan?  A Child Looked After (CLA), Previously a CLA or Adopted?\*  Eligible for Free School Meals (in the past 6 years)\*  (\*requested to identify means of Pupil Premium eligibility) |
| **Does the student have any medical needs, dietary requirements or allergies?** | Yes  No  (If yes, please provide further details) |
| **Does the student have a physical disability?** | Yes  No  (If yes, please provide further details) |

# 3) Academic Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current attainment / Working level *(with date of test or assessment)* | | | | |
| Subject | Current working level | Year 6 SAT score (or Year 2 SAT score) if known | Level and Date (mm/yyyy) of most recent assessment | End of year / Key Stage target |
| English |  |  |  |  |
| Maths |  |  |  |  |
| Science |  |  |  |  |
| Other |  |  |  |  |

|  |  |
| --- | --- |
| **Important dates**  (SATs, mock or full exams, coursework deadlines etc.): |  |
| **Exam Officer details**  (if student is in year 11) | Name: |
| Email: |
| Phone: |
| **Are there any qualifications this student could obtain this year that they are not currently registered for?**  (Particularly students not on a school roll, and/or those in KS4/5) | Yes  No  (If yes, please provide further details) |

# 4) Tuition required\*

|  |  |  |  |
| --- | --- | --- | --- |
| Start date:\* |  | | |
| Subject  (including curriculum/exam board e.g. AQA, Edexcel) | Number of hours per week | Total number of commissioned hours (put 400 if ongoing) | Desired outcome for tuition |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total number of hours per week\* (all subjects) |  | | |

|  |  |
| --- | --- |
| **Please indicate when tuition can take place** | Term time only  Term time and academic holidays  Academic holidays only  Please detail any specific arrangements (e.g. different schedule during academic holidays, if only authorised for particular holidays etc.) |
| **Student Availability**  (If tuition is taking place at school, please list all potential days and times the student is available. If tuition is taking place at home/outside school, please provide carer details in section 6, and we’ll contact them for the student availability.) |  |

# 5) Tuition venue\*

|  |  |
| --- | --- |
| **Tuition to take place at**  (full address) |  |
| **Would you like tuition to be in-person, online or either?** |  |
| **Please tick to confirm if the student has:** | A suitable and working device (e.g. computer, laptop, tablet)\*  Sufficient and stable internet connection  *\*NB: The majority of our tutors use Zoom as the platform for online tuition. Please ensure the device the student is using is able to access Zoom. We will inform you if the tutor is using a different platform that may require access permissions.* |
| **Contact Name** |  |
| **Role/position**  (e.g. parent, key worker, foster carer, teacher) |  |
| **Telephone** |  |
| **Mobile Number** |  |
| **Email address** |  |

# 

# 6) Parent/Carer Details (if different to the information above)

|  |  |
| --- | --- |
| **Carer Name** |  |
| **Role/position** |  |
| **Telephone** |  |
| **Email address** |  |
| **Mobile & Landline Number** |  |

# 7) Finance Details\*

|  |  |
| --- | --- |
| **Organisation legal name**  (If different from Organisation/ School/ Local Authority name in section 1) |  |
| **Invoicing contact name** |  |
| **Invoicing contact email address** |  |
| **Invoicing contact phone number** |  |

# 8) School Details

Please complete this section if the student is on a school roll, and attach any student documentation.

|  |  |
| --- | --- |
| **Name of school** |  |
| **School address** |  |
| **Name of contact teacher/staff** |  |
| **Email address** |  |
| **Telephone** |  |
| **Term Dates** |  |

# 9) Social Worker

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Mobile Number** |  |
| **Office Number** |  |

Please send this completed referral form to **support@equaleducation.co.uk**