

**REFERRAL TO ENGAGE at Northampton Saints Foundation**

<b>Name of School:</b>	<b>Date:</b>
<b>School contact name:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

**PUPIL DETAILS**

<b>Full name:</b>	<b>DoB:</b>
<b>Address:</b>	<b>Contact Tel No(s):</b>
	<b>Preferred Pronouns:</b>
	<b>Student Year group:</b>
<b>Name(s) of parent(s) / carer(s):</b>	
<b>Email:</b>	

**SAFEGUARDING**

<b>Are there current safeguarding concerns relating to this child or family?</b>	<b>Y / N</b>
<b>Is there a EHCP in place for this young person?</b>	<b>Y / N</b>
<b>Is the child on a Child Protection Plan?</b>	<b>Y / N</b>
<b>Are there concerns around Child Sexual Exploitation relating to this child or family?</b>	<b>Y / N</b>
<b>Are there concerns around PREVENT / Radicalisation / Violent Extremism relating to this child or family?</b>	<b>Y / N</b>
<b>Are there any other safeguarding concerns you may have?</b>	<b>Y / N</b>
<b>If the response is YES to any of these please provide further information in a confidential attachment</b>	

**HOME CIRCUMSTANCES**

<b>Living with parent(s)</b>		<b>Living in foster home</b>	
<b>Living with relative(s)</b>		<b>Living in children's home</b>	
<b>Other arrangements</b>		<b>Privately fostered</b>	
<b>Particular vulnerabilities e.g. Traveller family, health, EAL etc.</b>			
<b>Medical /allergy conditions:</b>			
<b>Pupil's views and wishes:</b>			

<b>Parent(s) / Carer(s) views and wishes:</b>
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**SCHOOL HISTORY**

Current School:	From	To
N/A		

<b>Please provide a summary of the child’s needs as they present in school</b>
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<b>Please provide a brief summary of life events impacting on the child</b>
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<b>Please provide a summary of support provided by the school if not covered in separate, detailed attachments</b>
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Nature of support	Impact

**Signed.....(Headteacher)      Date.....**

**Print name.....**

**Please include copy of any other relevant supporting information to support your referral**

**Please submit this referral form, and attachments to Engage managers- [Engagemanagers@northamptonssaintsfoundation.org](mailto:Engagemanagers@northamptonssaintsfoundation.org)**

**Photography/Filming – Individual consent form**

I consent to the Northampton Saints Foundation (the “**Foundation**”) using photographs and/or video recordings of my child taken by the Foundation or by persons or organisations authorised on behalf of the Foundation for the purposes of internally and externally promoting the Foundation. These images could be used in any media (existing or later created or made available) including print and digital media formats such as print publications, prospectuses, brochures, websites, e-marketing, posters, banners, advertising, film, social media, teaching and research purposes.

I understand that images on websites can be viewed throughout the world and not just in the United Kingdom and that some overseas countries may not provide the same level of protection to the rights of individuals as EU/UK legislation provides.

I understand that some images or recordings may be kept permanently once they are published and be kept as an archive of Foundation life.

I agree that:

- I will not be paid a fee in respect of any use made of the photograph(s) and/or video recording(s) but have the opportunity of being involved in promoting the Foundation in the manner set out above;
- Copyright in the image(s) and/or video recordings will be retained by the Foundation; and
- The Foundation shall have the right to edit, modify, crop, add to or subtract from the photographs and/or video recordings at its entire discretion and without my approval.

I have read and understand the conditions and consent to my child’s images and or video recordings being used as described.

Childs Name	
Your Name	
Relationship to child	
Signature	
Date	

The Foundation is committed to processing information in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this form will be held securely and will only be used for administrative purposes.

If you **do not** consent for Foundation to use your child's photos/videos please sign below

Childs Name	
Your Name	
Relationship to child	
Signature	
Date	

**Consent to access the ENGAGE Programme:**

I **agree** for my child to take part in the Alternative Provision Programme and work-related learning activities out of school. **Yes / No**

I give consent for my child to access the Foundation in house counsellor **Yes / No**

I **agree** for my child to travel in a staff car or minibus, in a case of emergency or school related activity. **Yes / No**

**I have read and understood the conditions of use.**

**Name (in block capitals):**.....

**Parent's or guardian's signature:**.....**Date:**.....

**Please return this completed consent form to the school/other referral agency as soon as possible. The placement cannot start with your written permission.**

**Invoice Information:**

<b>School Address:</b>	<b>Financial contact:</b>