

The Linden Centre

New Pupil Starter Pack



Primary and Secondary Short Stay & Specialist Centres

Assessment & Intervention

Admissions Form

(to be completed at guardian pre-placement meeting)

Contact Information		
Student name:	Date of birth:	Linden start date:
Ethnicity:	Address (incl postcode):	
Parent / Carer 1 name: Parental responsibility: Y / N Relationship to student:	Contact number:	Address (if different):
Parent / Carer 2 name: Parental responsibility: Y / N Relationship to student:	Contact number:	Address (if different):
Additional Emergency Contact Name:	Relationship to student:	number:

Family details (living in house / significant others):
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Health Information		
Doctor's name:	GP surgery:	Telephone no:
Diagnosis:	Allergies:	Medication:
Physical health needs (incl names of any specialists being seen):		

Mental health needs (incl names of any specialists being seen e.g CAMHS):

Educational Background Information

Education attainment to date: (*academic ability, sets, exams, concerns*)

Assessment data: (most recent grade achieved)

English	Maths	Science	Writing	Reading	Phonics

Special Education Needs: Yes / No

EHCP: Yes / No

EHCNA: Yes / No

Social, Emotional, Mental Health needs:

Cognition and learning needs:

Communication and interaction needs:

Sensory needs:

Schools attended and dates:

Historic concerns raised regarding education:

Pupil Premium: Yes / No

Free School Meals: Yes / No

Ever 6: Yes / No

Social Care Information

EHA / TAC / TAF: (*dates*)

CiN / CP: (date of last meeting)

Agencies open to family:

Other family support:

Pupil's behaviour at home / in the community:

Hobbies / Skills:

Interests:

Talents:

Teams / Clubs:

Friends:

Behavioural Triggers

What are your triggers?

How do you react?

Techniques which work:

Things which don't work:

Concerns (Parent or Child)

Areas of concern:

Referrals needed:

PUPIL'S ON ROLL SCHOOL (if applicable)

Name of School: _____

Address of School: _____

Telephone No of School: _____



Primary and Secondary Short Stay & Specialist Centres Assessment & Intervention

Consent Form

Pupil's name:

1. I hereby give consent to my son/daughter to be admitted to the Linden Centre.
2. I give consent to him / her taking part in normal centre activities organised to take place outside the centre premises. I understand that, unless otherwise stated, such activities are covered by the Telford & Wrekin Council's third party liability policy and by the centre's policy for out of school activities.*
3. I give consent to medical or surgical treatment deemed necessary by a qualified Practitioner, or to first aid being administered to my child, if an emergency should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.
4. I give consent for his / her data regarding transport, attendance, behaviour, academic levels, multi -agency meetings, fair access panel and SEND meetings to be shared within Telford and Wrekin Council.

Print Name:

Signed:
(Parent / Legal Guardian)

Date:

*Privacy Notice under the General Data Protection Regulations 2018:

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Home / School Agreement

During the short time pupils are with us at The Linden Centre, we believe that it is very important that we build trust and co-operation between teachers, parents and students to best support your children so that they make a positive transition to their final destination educational provision.

This agreement sets out some of the ways in which we can all play our part to achieve a happy atmosphere where everybody feels safe and is able to learn.

To demonstrate this commitment, each party is asked to read and sign this agreement.

The Linden Centre Staff will:

- Provide an ordered, caring and supportive environment which celebrates diversity and equality. We will also provide for the academic, social, physical and personal development of each individual
- Provide a personalised curriculum which, as far as is possible, allows each student to achieve and to develop his/her interests further
- Foster high expectations for positive behaviour with consistent and clear boundaries for interaction with others
- Set minimum expected grades and challenging but achievable targets for each student and regularly share and explain these with parents/carers and students
- Give parents/carers regular opportunities for meetings with staff and be available at other times when concerns or questions arise
- Respect student confidentiality and share data in-line with data privacy notice
- Keep parents/carers fully informed about important school matters through letters home, the school's website, the newsletter, telephone or texts
- Respond efficiently to parents/carers enquiries

Parents/Carers will:

- Support all the policies and strategies that the school uses to keep a positive working atmosphere
- Encourage their child to be positive about all aspects of school, including alternative provisions (where appropriate)
- Ensure that their child attends school consistently and punctually, providing school with a note, phone call or text to cover any absence
- Ensure that their child wears appropriate school uniform, takes pride in their appearance and brings the correct equipment for each day
- Respond promptly to any school correspondence
- Inform the school of any known concerns about their child, attend meetings at school to discuss progress, to learn about the work of the school and regularly update school of any factors which may affect their child's performance, behaviour or participation
- Support their child in learning at home and attempt to ensure that homework set by the centre is carried out

Students will:

- Be polite to other people in school and also in the community; behave in an honest and sensible manner, showing respect for the school building, grounds and for their own and other people’s property
- Approach all aspects of school life with a positive attitude to learning
- Consistently attend school punctually wearing school uniform and taking pride in their appearance
- Work hard in lessons to develop their abilities further and work hard to meet and exceed their targets
- Complete all tasks set as well as they possibly can and hand them in at the appropriate time
- Be good members of our school by helping all staff and supporting their fellow students
- Use the school’s computer systems according to the rules and guidance laid down; when using the internet always follow teachers’ instructions

The Student’s Home School will:

- Monitor the students attendance throughout the course of the 12 week program
- Share all relevant information with regards to Safeguarding, SEND, Social Care and Health with The Linden Centre to ensure the best provision can be offered to the student
- Ensure that key home school staff work alongside The Linden Centre staff where referrals and additional assessments are required
- Offer the student a part time provision, throughout the 12 week course, alongside the provision being offered by The Linden Centre
- Ensure a member of staff visits the student at least once a fortnight and attends the 3 key meetings during weeks 1, 6 and 12
- Work closely with The Linden Centre and the BSAT team to ensure a smooth supported transition back into mainstream education on completion of the 12 week program

Signature: Parent/Carer Date:

Signature: Student Date:

Signature: Linden Staff Member Date:

Signature: Home School Staff Member Date:



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PERMISSION TO USE IMAGES OF STUDENTS

Name of Parent/Carer:

Name of Student:

Occasionally, we may take photographs of the students at our centre. We may use these images in our centre's prospectus or in other publications that we produce, as well as on our website. We may also make video or webcam recordings for conferences, monitoring and educational use.

From time to time our centre may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Students will often appear in these images, which may appear in local or national newspapers, or on televised news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer questions 1 to 4 below, then sign and date the form where shown.

Please return the completed form back to the centre as soon as possible.

1. May we use your child's photograph in the centre prospectus and other printed publications that we produce for promotional purposes? Yes/No
2. May we use your child's image on our website? Yes/No
3. May we record your child's image on video or webcam? Yes/No
4. Are you happy for your child to appear in the media? Yes/No
5. May we display pictures of your child around the centre Yes/No

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Print Name:

Signed:
(Parent / Legal Guardian)

Date:

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PERMISSION FOR RESPONSIBLE INTERNET USE

Name of Parent/Carer:

Name of Student:

- Students are provided with their own password for centre use
- Students should not share their password with others
- Network access must be made via the user's own authorised account
- Centre computer and internet use must be appropriate to the student's education; an internet filtering system is set in place
- Copyright and intellectual property rights must be respected
- E-mail should be written carefully and politely, particularly as messages may be forwarded or printed and seen by unexpected readers
- Users are responsible for e-mail they send and contacts that are made
- Anonymous messages and chain letters are not permitted
- Use of chat rooms is not allowed
- The centre ICT systems may not be used for private use, unless written permission has been sought from the Team Leader
- Use for financial gain, gambling, political purposes or advertising is not permitted
- ICT system security must be respected; it is a criminal offence to use a computer for a purpose not permitted by the system owner who is Telford & Wrekin Council

The centre may exercise its right to monitor the use of the computer systems, including access to websites, the interception of e-mail and the deletion of inappropriate materials where it believes unauthorised use of the computer system is or may be taking place, or the system is or may be used for criminal purposes or for storing unauthorised or unlawful text, imagery or sound. However, the centre cannot be held responsible for the nature or content of materials accessed through the internet.

I have read and understand the centre rules listed above for responsible internet use.

I give consent for my child to use the centre's computer systems.

Print Name:

Signed:
(Parent / Legal Guardian)

Date:

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ASTHMA HEALTHCARE PLAN

Pupil's name		
Date of birth		
Group/class/form		
Pupil's address		
Date asthma diagnosed		
Family Contact Information		
Parents / Guardians Name	¹	²
Phone no. (work)		
(home)		
(mobile)		
G.P.		
Name		
Phone no.		
Clinic/Hospital Contact		
Name		
Phone no.		
Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'		
Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose		

(E.g. once or twice a day, just when they have asthma symptoms, before sport)	
Describe what an asthma attack looks like for your child and the action to be taken if this occurs	
Who is to be contacted in an emergency? Give three contact telephone numbers	
1) Name and number	
2) Name and number	
3) Name and number	
Form copied to: (to be completed by the school asthma lead)	

ADVICE FOR PARENTS

- It is your responsibility to tell the school about any changes in your child’s asthma and/or their asthma medications
- It is your responsibility to ensure that your child has their ‘relieving’ medication and individual spacer with them in school and that it is clearly labelled with their name. You should confirm this with your child’s class teacher
- It is your responsibility to ensure that your child’s asthma medication has not expired
- Your child should not be exposed to cigarette smoke

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USE OF EMERGENCY SALBUTAMOL INHALER CONSENT FORM

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day
3. I will provide a working, in date inhaler, clearly labelled with their name to be kept at school
4. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies
5. I consent to Photo ID being used on the asthma register (please circle) YES / NO

Name (print): Signed:

Date:

Pupil's name:

Parent's address:

.....

Parent's telephone:

Parent's email address:

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FAP Request for Additional Support PARENT/ CARERS CONSENT FORM



A. PUPIL DETAILS:

Name of Pupil: School:

Parents/ Carer's name:.....

Parents/ Carer's address:.....

Parents/ Carer's home telephone no:..... Mobile no:.....

B. OPTIONS AVAILABLE TO SCHOOL AND PARENTS/ CARERS - PLEASE TICK ONE BOX:

1.	Advice from the panel regarding additional strategies which the school could employ to meet the individual needs of the child	
2.	Outreach work from the Behaviour Support Advisory Team	
3.	Support through a place at House 1 (Secondary Only)	
4.	Formal Managed Move to Another school	
5	Intervention at The Linden Centre Primary or Secondary for an assessment and intervention programme then a supported reintegration to their own school	
6	Consideration for a Kickstart place [KS4 only]	

C. PERMANENT EXCLUSION: If the pupil is at serious risk of permanent exclusion and a managed move is being considered please ensure parents/ carers are aware of the details below....

1. I/We have been informed that my/our child is at risk of permanent exclusion.
2. I/We agree to a managed move to an alternative placement for my/our child.
3. I/We understand that in agreeing to a managed move I/we forfeit the rights of appeal to the school governors and an Independent Appeal Panel which are part of the permanent exclusion process.
4. Transport implications - Transport, or help with it, may be provided for eligible children who live beyond the maximum statutory walking distance (3 miles for secondary and 2 miles for primary aged children) from their designated or nearest school. If you apply for a school, which is some distance from your home address, the transport arrangements will normally be the family's responsibility. Provision for secondary aged pupils from low-income families: The Education Act defines low income families as those who are entitled to free school meals or are in receipt of the maximum level of Working Tax Credits. They will be entitled to help with transport to any one of their three nearest qualifying schools between 2 - 6 miles from the home address. [2 - 15 miles on faith grounds].

D. MY/ OUR PREFERENCES FOR ALTERNATIVE SCHOOLS ARE:

1.
2.
3.

I understand that:

- Telford and Wrekin Council (T&WC) collect personal information on me/my family to enable T&WC to provide support services which will benefit me as an individual and/or my family
- That my/my family's personal information will only be shared internally between Council services to enable these services to be provided to me/my family
- T&WC may also share my/ my family's personal information with government departments or other public bodies as required by relevant legislation

For further information please visit www.telford.gov.uk/terms'

Signed:Parent/ Carer Date:

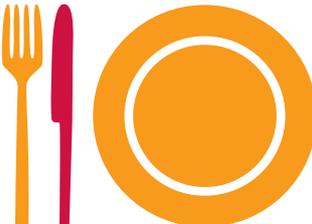


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INSERT UNIFORM INFORMATION HERE

Application for **Free School Meals**



[Submit by email](#)
[Print form](#)

Please fill in all sections so that your child's eligibility for Free School Meals (**or your eligibility if you are applying for yourself**) can be verified. You must indicate the benefit you are receiving. If you have any questions, please call the **Free School Meals Helpline on 01952 383983**.

1 Your name and address

Title Initial(s) Surname

Address

Postcode email

Tel: Mob: Relationship to child(ren)

2 You and your partner (living at the address above)

Title	Forename and surname	Date of birth	National Insurance Number or NASS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Your children attending a school or sixth form in Telford and Wrekin, for whom you are applying

Forename	Surname	Gender	Date of birth	School attended	Start date
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

4 Your benefits - please select the benefit you receive which entitles you to Free School Meals

- | | |
|--|---|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Income-based Jobseeker's Allowance |
| <input type="checkbox"/> Employment and Support Allowance (income related) | <input type="checkbox"/> Child Tax Credit, provided you are not entitled to Working Tax Credit and have an annual household income (as assessed by HM Revenue & Customs) that does not exceed £16,190 |
| <input type="checkbox"/> Guaranteed element of Pension Credit | <input type="checkbox"/> Support under Part VI, Immigration and Asylum Act 1999 |

5 Your declaration

I confirm that as far as I know, the information I have given above is correct. I will tell you immediately if my details or circumstances change. I wish for Telford & Wrekin Council to be able to assess my claim in future by a secure computer link with the Department for Education. I authorise Telford & Wrekin Council to use my information to process my claim for Free School Meals and to contact other sources as allowed by law to verify my initial and continuing entitlement.

Your signature Date





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Checklist

General:	Yes/No	Signed
Admission forms signed		
Home Centre Agreement signed		
Permission to use images signed		
Permission to use internet signed		
FAP agreement form completed		
Uniform information		
FSM form		
Medical:		
Asthma health Care completed, <i>if applicable</i>		
Salbutamol consent form completed, <i>if applicable</i>		
Medication to be taken whilst attending session forms completed, <i>if applicable</i>		