

## **EDUCATION MY LIFE MATTERS**

## **Admission Arrangements Policy**

Approved by: Independent Executive Board Date:

Next review due by: April 2025

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EMLM is an Independent School which offers Alternative Provision support. At EMLM we believe and apply a **holisitic** approach to our curriculum, ensuring equal access to learning to all and appropriate levels of challenge and support. Our ethos is one of empowering our Learners to make a fresh start and develop their confidence to meet their individual needs in order to prepare for re-integration back to their secondary mainstream or continue with EMLM and develop social, independent skills and gain qualifications relevant to their next steps. We recognise our duty to embrace diversity and to work to overcome prejudice. We do not discriminate on grounds of diversity, gender, gender reassignment, pregnancy, disability, sexual orientation, race or religion.

#### **Admissions Procedures:**

Our admissions are received directly from schools and Local Education Authorities (LEA) via a referral form (Appendix 1). The referral form asks for comments on academic progress to date, areas of improvement required and general behaviour standards. This information allows EMLM to assess whether it is the right school for each Learner and to tailor our approach to meet the specific needs of each individual referral.

We accept referrals throughout the year. We are also happy to have telephone consultations with schools, LEAs and families/carers once the referral has been received. This helps us to build a relationship with the referring body and is an opportunity to obtain in-depth background on the Learner to enable EMLM to identify what support is required and when.

EMLM makes direct contact once the initial referral form and/or risk assessment is received. We endeavour to make contact on the day the referral is received (within 24-48 hours) to arrange an induction meeting with the learner and their parent/carer, schools, and any other professional working with the family.

At the induction meeting it is made clear to all prospective learners and their parents/carers that EMLM will work in partnership with them. This partnership is based upon mutual honesty and respect. At this meeting discussion is held regarding any regarding any identified need, medical condition or disability which could require specialist treatment, support or equipment and any behavioural or disciplinary issues known at the point of admission. This full disclosure is essential to assist with any pre-assessment or Outreach support which may be necessary, as well as ensuring Individual Healthcare Plans and/or risk assessments which can be put into place where necessary. All the information gathered from this meeting identifies which Pathway will best meet the learner's ability and needs.

An Education Planning Meeting (EPM) is held 5 to 7 days after a learner is placed with EMLM. This is initiated by the school and all stakeholders are invited. This meeting is another opportunity for any further information to be shared and discussed in order to ensure all stakeholders are working collaboratively to ensure the learner has the best possible outcome (Appendix 2).

Placements at EMLM are offered to Learners who we can safeguard and support and where EMLM feels they will be able to either accept the learner long term or be able to work with them to re-integrate them back to their secondary placement.

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All learners joining EMLM must agree to abide by the code of conduct and to adhere to relevant school rules and policies.



# Independent School and Alternative Provision Learner Referral

# Please complete all sections in full

Please email to info@emlm.org.uk

#### **Learner Referral Form**

#### Section 1

#### **Young Person Details**

| First Name:                        | Surname:                                |  |  |  |
|------------------------------------|---|--|--|--|
| Preferred Name/Known As (if di     | Preferred Name/Known As (if different): |  |  |  |
| Date of Birth:                     | Age:                                    |  |  |  |
| Male                               | Female:                                 |  |  |  |
| Ethnicity:                         | Nationality:                            |  |  |  |
| Current school year: 7 $\ \square$ | 8 0 9 0 10 0 11 0                       |  |  |  |
| Referring School:                  |   |  |  |  |

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| Unique Pupil Number  |  |          |
|--|--|----------|
| School Contact Details:  |  |          |
| Email:   |  |          |
| Home address:  |  |          |
|  |  |          |
|  |  |          |
|  |  |          |
| Email address:   |  |          |
| Home number:   | Mobile number (if applicable):                             |          |
| Name of family/carer young per                                 | son resides with:  |          |
| Relationship to the young perso                                | n:   |          |
| Foster Carer:  |  |          |
| Guardian:  |  |          |
| Does this person have parental r                               | responsibility?  | Yes / No |
| If no, please state Name and Address o<br>guardian named above | f person with PR, and status of legal status/care order of |          |
| Work number (if applicable):                                   | Mobile number:   |          |
| Section 2  |  |          |
| Referral Source Details  |  |          |
| Name of Referrer:  |  |          |
| Address:   |  |          |

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| Name of key contact in Referral Agency:                          |                            |      |     |
|--|----------------------------|------|-----|
| Position:  |                            |      |     |
| Contact no:  | Email:                     |      |     |
| Section 3  |                            |      |     |
| he Young Person – Risk Assessment details                        |                            |      |     |
| Proposed start date:   |                            |      |     |
|  |                            | Yes  | No  |
| Is this young person eligible for Free School Mea                | als/Pupil Premium?         | 1.00 | 110 |
| Does this young person have an Education & He                    |                            |      |     |
| Please attach EHCP:  | dillicate riait:           |      |     |
| Is this young person a Looked After Child?                       |                            |      |     |
| Name of Virtual School Lead: Des Benjamin                        |                            |      |     |
| Under Section?   |                            |      |     |
| Has this young person been involved in incidents                 | s of violent behaviour or  | T    |     |
| involving a weapon?  |                            |      |     |
| A risk assessment may be required.                               |                            |      |     |
| Has this young person been involved in incidents                 | s of violent or sexualised |      |     |
| behaviour/is at risk of CSE?  A risk assessment may be required. |                            |      |     |
| Possible gang affiliation and/or known to Youth                  | Offending Service?         |      |     |
| A risk assessment may be required.                               | Offerialing Service:       |      |     |
| Please give reason and length of last Fixed Term Exclusion:      |                            |      |     |
|  |                            |      |     |
| Section 4  |                            |      |     |
| Reason for Referral  |                            |      |     |
|  |                            |      |     |
|  |                            |      |     |
|  |                            |      |     |
|  |                            |      |     |
|  |                            |      |     |
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|  |                            |      |     |
|  |                            |      |     |
|  |                            |      |     |
|  |                            |      |     |

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| Yes | No |
|-----|----|

#### Section 5

The Young Person – Attainment

| Attendance & Punctua    | llity: Current Year:             | Current Term:                    |
|-------------------------|----------------------------------|----------------------------------|
|                         | Previous Year:                   | Previous Term:                   |
| Key Stage Information   | . where available:               |                                  |
| KS1:                    | KS2:                             | KS3:                             |
|                         |                                  |                                  |
|                         |                                  |                                  |
| What grades is this yo  | ung person expected to be ach    | nieved in GCSE Maths & English?  |
|                         |                                  |                                  |
| Maths:                  | English:                         |                                  |
|                         |                                  |                                  |
| Please list any other q | ualifications studied, including | those completed but not achieved |
| and/or those awaiting   | results:                         | ·                                |
| Qualification:          |                                  | Grade:                           |
|                         |                                  |                                  |
|                         |                                  |                                  |
|                         |                                  |                                  |
|                         |                                  |                                  |
|                         |                                  |                                  |
|                         |                                  |                                  |

#### Section 6

#### **Team Around the Young Person**

| Does the young person have any other workers allocated to them from other agencies? |                                     |   |                               |  |
|---|-------------------------------------|---|-------------------------------|--|
| If yes please give details  | :                                   |   |                               |  |
| Name and type of agency   | Name and position of key contact(s) | Telephone number(s)<br>and email of key<br>contact(s) | Nature of engagement/ support |  |
|   |                                     |   |                               |  |
|   |                                     |   |                               |  |

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## Section 7

Barriers/Risks/Vulnerability Factors

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| Please provide key information about the young person's circumstances in the following areas, as it relates to their personal safety and wellbeing, personal conduct, and likely ability to achieve and sustain education, employment or training in the future: |           |  |  |  |
|--|-----------|--|--|--|
| Learning   |           |  |  |  |
| 1.   |           |  |  |  |
| 2.   |           |  |  |  |
| 3.   |           |  |  |  |
|  | Behaviour |  |  |  |
| 1.   |           |  |  |  |
| 2.   |           |  |  |  |
| 3.   |           |  |  |  |
| 4.   |           |  |  |  |
| Wellbeing  |           |  |  |  |

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| 1.                                |                    |                 |                                    |
|-----------------------------------|--------------------|-----------------|------------------------------------|
| 1.                                |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
| 2.                                |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
| 3.                                |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
| Signature                         |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 | y knowledge. I understand that the |
|                                   | _                  |                 | Protection Act 1998 (update with   |
| GDPR details) and is subject to a | ill the provisions | of that Act.    |                                    |
| Signed:                           | Positio            | n:              |                                    |
|                                   |                    |                 |                                    |
| None                              | D. L.              |                 |                                    |
| Name                              | Date               |                 |                                    |
|                                   |                    |                 |                                    |
|                                   | Your Key Co        | ontacts at EMLM |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |
|                                   |                    |                 |                                    |

## Appendix 2: information gathering form EMLM

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## Information gathering for prospective/new Learner

| Discussion between:                                     |  | Date:                     |                |
|---|--|---------------------------|----------------|
| Name of EMLM staff member and prospective school member |  | Subsequent co             | nversations:   |
| Full name of Learner:                                   |  | SEND/Safeguarding needs:  |                |
|   |  | Medical Care plans/needs: |                |
|   |  |                           |                |
| Placement: Short term/Long term                         |  |                           |                |
|   |  |                           |                |
|   |  |                           |                |
| Academic information:                                   |  |                           |                |
| Current reading age: Comprehension                      |  | n age:                    | Spelling age:  |
| Maths level: Writing Level:                             |  |                           | Science Level: |
|   |  |                           |                |

| Discussion  | Any follow up actions By whom? By when? |
|---|---|
| What are the needs of this Learner:                                 |   |
| Academic needs and personal   |   |
| Likes/dislikes  |   |
| What does/doesn't work for this learner                             |   |
| Any suspensions? How many? What period?                             |   |
|   |   |
| Reason for placement -if not already discussed above:               |   |
|   |   |
| Any risk assessments in place or need to be carried out:            |   |
| Involvement Social Services/Police:                                 |   |
| Who?  |   |
| Where?  |   |
| Contact names etc   |   |
| Any court orders etc  |   |
| EHC Plan?   |   |
| Discuss Progress/Annual reviews and dates for this and next meeting |   |
| Family/Carer involvement:   |   |
| What are school/family relationships?                               |   |
| Who has Parental responsibility?                                    |   |
| What planning will current school provide (if short-term placement) |   |

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| Who is the named contact person from the school to liaise with re any issues? |  |
|---|--|
| Will school staff member support with transition?                             |  |
| Can school/EMLM/Learner and family have meeting together?                     |  |