

**REQUEST FOR NURTURE GROUP**

*Please complete EVERY section of the form*

🗹 *Please tick where appropriate (delete empty box first and paste ticked box)*

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| **Request by:** *(Requesting school/academy)* |  |
| **School Address:** |  |
| **Contact Person and Phone Number:** |  |
| **Position Held:** |  |
| In submitting this form, you agree to completing & returning the feedback to BAPP 1 week after group ends **Signature:** |  |

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| Child/Young Person  | Date of Birth | Year Group |
| Forename(s) | Surname |
|  |  |  |  |
| Gender |  | Ethnicity |  |

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| Address: | Telephone Nos: |
|  |  |
| **Name of Parents/Carers** *(and address if different from above):* | **Relationship** *(indicating parental responsibility)*: |
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| **Please ensure that you have ticked ‘yes’ for at least one of the below criteria** |
| **Family Support and Play Service Referral Criteria** | **Yes** | **No** |
| Has the child’s attendance been less than 90% for 2 consecutive terms?  |  |  |
| Is the child / young person not fully participating or engaging with education. E.g. has been excluded from school, has behavioural difficulties, is missing from education, is on a part time timetable |  |  |
| Does the child / young person has SEN / disability or additional needs / EHCP where their needs are not being fully met? |  |  |
| Does the child require support with learning disabilities, those with Neurodiverse conditions such as ADHD, Autism, Dyspraxia, Dyslexia, Dyscalculia, and/or physical health needs? |  |  |
| Does the child or young person need support with their mental health / emotional health? |  |  |
| Has the child been affected by trauma e.g. domestic abuse, at risk of CSE? |  |  |
| Does the child need support with managing and navigating peer relationships? |  |  |
| **Does the child have any plan? (PLEASE CIRCLE)** | **CP CHIN EHA** |   |
| **Does the child have a physical disability or any mental health issues? If yes, what?** |  |   |
| **Does the child have any allergies or medical conditions we need to be aware of? Does the child have any dietary requirements. If yes, what?** |  |   |
| **Does the child/young person have a THRIVE assessment? If yes, what stage are they can you provide further details over leaf.**  |  |   |
| **Does the child/young person have a Special Educational Need/ EHC Plan? If yes, please provide further details over leaf** |   |  |
| **Are there any issues with attendance?** |   |  |

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| **Brief contextual background. Is there anything going on for this young person outside of school such as bereavement, move, changes to family structure, history of domestic violence...**  |
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| **What is going well for this young person either at school or at home and what are their strengths. Such as making academic progress, engages in after school clubs, good peer network…** |
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| **Why are you referring this young person? Eg Build confidence, play skills, peer relationships… Can you tell us more about how this need might be demonstrated by the young person?** |
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| **Please give details of Thrive assessment, EHCP, and other interventions that the young person is being supported in and any other information that is relevant.**  |
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| **Please tick to confirm you have verbal consent from parent and young person to attend the Nurture Group and date received.**  | **Parent** | **Child/Young Person** |
| **Please tick if consent is given by Parent/Carer for photos/film to be taken during sessions, recording & to be contacted:**  |  |
| Consent forPublicity purposes, including social media& feedback direct to the family and school: Please tick if parent consents to being contacted by BAPP to receive feedback at the end of the NG cycle. |  |
| For a record of our own work, including practitioner reflection which would not be shared outside of the organisation |  |