

**E-LEARNING**

**PROVISION**

**SCHOOL DIRECT**

**REFERRAL FORM ACADEMIC YEAR 2025-2026**

**REFERRING ORGANISATION INFORMATION Please complete all fields in dark ink.**

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| **Name of Referring Organisation:** |  |  |
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| **DfE number:** |  |  |
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|  |  |  |  |
| **Registered address****including postcode:** |  | **Contact Tel.:** |  |  |
|  |  |
| **Email.:** |  |
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**PUPIL INFORMATION**

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| **Name of pupil:****Current School:** |  | **D.O.B.** |  | **Year** **Group** |  |  |
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|  |  **Male [ ]  Female [ ]  Other\* [ ]** **Female [ ]** **P [ ]**  |
|  |  |  |
| **Names of parents/carers/ guardians:** |  | **\*Preferred Gender & Pronoun:****Please select all that apply:****EAL****[ ]  PP****[ ]  LAC****[ ]  SEND****[ ]  EHCP[ ]**  |
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|  |  |  |  |
| **Current address****including postcode:** |  | **Home Tel.:** |  |  |
|  |  |
| **Mobile Tel.:** |  |
|  |  |
|  | Work Tel.: |  |  |
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|  | **E-mail address:**  |  |  |
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| **Please give a reason for this referral**  |  |  |
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|  **Key-worker** |  |  **E-mail** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Phone number**  |  |  **School address** |  |  |
|  |  |  |  |
| The keyworker will receive communications from us and will oversee the pupil’s education. |  |
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|  **DSL** |  |  **DSL** **e-mail \*address** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **SENDCo** |  |  **SENDCo** **e-mail** |  |  |  |
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**EQUIPMENT: Please note that we will always use existing home computers and internet connections whenever possible**

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| **Please indicate whether the pupil has the following**  | If so, please indicate  |
| **Computer** | **[ ]**  |
| **Internet access** | **[ ]**  |

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| Please indicate where E-Learning will take place:  | **At home: [ ]  At school [ ]** **Somewhere else (please explain): …**  |

###### E-LEARNING SUBJECTS: Many GCSE subject are possible. A current list can be found at [Provision - E-Learning Service](https://e-learningservice.org/provision/)

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| E-Learning subjects to be studied each week  | **Level of study for this subject, e.g. Key Stage or Year Group** | **Please add the exam board and specification for GCSE\*** | **Date of exam, e.g. Summer 2026** |
| **1.**  |       | [ ]  |       |
| **2.**  |       | [ ]  |       |
| **3.** |       | [ ]  |       |
| **4.** |       | [ ]  |       |
| **5.** |       | [ ]  |       |
| \* N.B. Even if the E-Learning Service selects the Board and Syllabus, all exams will take place at the referring school and all exam costs (exam entry fees, invigilation fees) will be organised and paid by the school or agency referring the pupil. |
| **If English GCSE has been listed, it is presumed this is English Language only with the school being wholly responsible for the speaking and listening elements of the GCSE assessment.****If English Literature GCSE is required, this will need to be listed above as a separate subject.** **If Science GSCE is listed, the school is responsible for the coverage of the practical work.** |
| **Please indicate the best starting point for this pupil's subjects e.g. Autumn 1 2025 with the curriculum link.** **Starting point and curriculum link:****Please provide the following if needed:** **English Literature GCSE – please list texts in order they need to be taught:****History GCSE – please list topics in order they need to be taught:** |
| **Please indicate any special interests of the pupil:**  |
| **Please give any other additional information about the pupil and in particular, any SEND or conditions that may affect their learning and last date of attendance:** |
| As the E-Learning Service trainer will have to visit the home to install equipment and to induct the pupil, please indicate below ALL potential issues or hazards about the home, pupil or family which might make a home visit difficult or ill advised.       |

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| * I have got permission from the parent/carer to share the information set out in this Referral Form.
* I agree to a minimum 6-week provision for the subjects requested above, after which the school must email if they wish to end provision.
* I agree to the charge of £48.20 + VAT for each subject per week.
* I understand that the E-Learning Service (ELS) provides an actively monitored service so that return of work can be checked regularly by the referring agency or school. I acknowledge that the ELS provision cannot be used for formal student attendance checks.  I acknowledge that schools/referring agencies need to ensure they have their own procedures for conducting attendance and welfare checks and are not reliant on the provision provided by the ELS.
* I acknowledge and agree that this Referral Form is made subject to the Terms and Conditions of the E-Learning Service (which can be found by [clicking here](https://www.ymcanorfolk.org/wp-content/uploads/2023/09/E-Learning-Service-Terms-Conditions-2023-24.docx)), which together form the contract between the parties. By signing this Referral Form below, I agree to the Terms and Conditions on behalf of the Referring Organisation.
* I confirm that I am authorised to sign this Referral Form on behalf of the Referring Organisation.

………………………………………..            *Signature – for and on behalf of the Referring Organisation (Please print name)\* (Date)* *\*This will be taken as your signature if the form is sent electronically* |

Please send the completed Referral Form to the following address: By post: E-Learning Service, YMCA Norfolk, 61a Aylsham Road., Norwich NR3 2HF; By email: enquiries@e-learningservice.org