

New Student Registration Pack 2023-2024

Please note that all the boxes must be filled in and all of the paperwork (Registration forms, EHCP's etc and the SLA if a new setting) received **BEFORE** the student can start their placement with OnTrak. If the box is asking irrelevant information for your student, please put N/A. <u>Please note without all of the requested information, we cannot offer your child/young person a placement at OnTrak.</u> This referral will also be reviewed in-line with OnTrak's policies.

Student Personal Details

| Name | | | |
|------------------------------|--|--------------------|-------------------------|
| | | | |
| Preferred Name | | | |
| D.O.B | | Gender | |
| Is this student a LAC? | Y/N | | |
| Primary <u>Home</u> Contact | | | |
| Name (Parent or Carer) | | | |
| Address | | | |
| | | | |
| Numbers | | | |
| | | | |
| Email | | | |
| | | | |
| Relationship to Young Person | | | |
| Secondary Contact Name | | | |
| Address | | | |
| | | | |
| Numbers | | | |
| | | | |
| Email | | | |
| | | | |
| Relationship to Young Person | | | |
| | | | |
| Travel – How will student | Own Arrangements / Taxi / Bus | / Bike | |
| get to OnTrak? | Other: | | |
| | Please note if by taxi or own arrangeme | nts, please ensure | they arrive for pick up |
| | promptly at 3pm to avoid staff having to | | |
| Poterring School / Care | time. | | |
| Referring School / Care | | | |

| Home / Department and Address | | | | |
|---|------------------------|---------------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |
| Main School / Care Home | | | | |
| Contact Numbers | | | | |
| Email | | | | |
| UPN | | | | |
| FSM / PP | Y / N – if Yes, detail | s | | |
| | | | | |
| Are any other agencies involved with this student | Y / N – If Yes, which | agency? | | |
| and this referral? | Social Services | CAHMS | Other: | |
| | | | | |
| | Primary Contacts N | ame and Contact Ema | il / Number: | |
| | | | | |
| | | | | |
| Reason for the referral to OnTrak | | | | |
| Unirak | | | | |
| | | | | |
| | | | | |

Student Needs

| Does this student have an EHCP, CIN or Statement? | Y / N - If Yes, we will need a copy of it before the placement starts. |
|--|--|
| Can you give a basic outline of any learning difficulties or SEND that this student has? e.g. Diagnosis of: MLD, Dyslexia (statemented), ASD, SEBD, ADHD etc | |
| Does this student have any behavioural issues? | Y / N – If Yes, give details. |
| What happens when this student experiences these issues? | |
| Does this student have a medical | Y / N - If Yes, give details. |

| or suspected medical diagnosis? | |
|--|---|
| Any allergies or intolerances? | |
| Does the student require any regular medication to take during the day? | Y / N – if Yes, give details and the Administration of Medication plan will need to be consulted and filled in where necessary. |
| Will this student require any additional support to take any exams or tests? | Y / N – If Yes, give details. |

Other Settings

| Has this student attended any other settings before attending OnTrak? | Y / N - If Ye | es, give deta | ils | | | |
|---|---------------|---------------|------|------|------------------------------|-----|
| Why did they leave? | | | | | | |
| % Attendance at previous | | | | | | |
| settings Any exclusions or suspensions? | | | | | | |
| Any exclusions of suspensions: | | | | | | |
| Please identify the days for | | MON | TUES | WEDS | THURS | FRI |
| requested provision | AM | | | | | |
| | PM | | | | | |
| Will they require English / Maths sessions? | | = | _ | | ths informat and then sig | |

English and Maths

| English | Baseline Level: |
|-------------------------|--------------------------------------|
| | Qualification Aim: Functional / GCSE |
| Education Levels of YP: | Exam Board Used: |
| | Texts currently / recently studying: |
| As Expected | |
| Below Expected | |
| Above Expected | |

| | Poems group chosen: Resources requested: Y / N Any other information: |
|---|---|
| Is there a teacher's assessment to include? | Y / N – If Yes please include with this pack. |
| Maths | Baseline Level: |
| Education Levels of YP: | Qualification Aim: Functional / GCSE Exam Board Used: |
| Education Levels of 11. | Resources requested: Y / N |
| As Expected | Any other information: |
| Below Expected | |
| Above Expected | |
| Is there a teacher's assessment to include? | Y / N — If Yes please include with this pack. |

Examinations

OnTrak is an approved centre for NOCN Motor Maintenance certificates. OnTrak is available as an external venue for examinations which might suit some students – to book please contact us. If your student requires other examinations or support for examinations, please talk to us about their needs.

By signing this document, you are agreeing that the information that you have provided is both full and accurate. It is extremely important that we have the fullest picture of this student so that we can best prepare for them and best provide their education and support programme. Furthermore, by signing this document you acknowledge that the parents / carers consent to this referral. Should the school have deliberately withheld any information, then we may have to take legal advice. Should any information change, it is the school's duty to inform OnTrak of these changes immediately.

| Signed: | Print Name: |
|-----------|-------------|
| | |
| Position: | |
| | |
| Date: | |

Please fill in the financial information sheet within this pack and also sign the consent forms. Without this we cannot process the student's information and this may result in a delay or refusal to offer a placement.



Helping Youth & Community from Start to Finish

Student Off-Site and Photograph Consent Form

Please note that this form **must be signed** <u>before</u> your student can start at On Trak. As part of the registration, you will be given a copy of our most recent risk assessments and policies.

By signing this document, I can confirm that I have the due authority to sign and give consent to the student being taken off site to continue their learning journey with OnTrak (this includes residentials such as camping trips, attending events, going on bike runs and deliveries) and that the information provided on this form is true, complete and accurate. I agree to notify On Trak immediately of any changes or updates in information with regards to this student.

| We take pictures internally for the student files are pictures for show casing our charity and student colleges but without any student details. Please used in this | work at external events like motor shows and |
|--|---|
| Signed | |
| Print Name | |
| Date | |
| Within two weeks of the student starting their place responsible for this student must come to On Trake student has started, the student working within the | to view the facilities, staff and, if it is after the |
| 1) I need to book a date/time to attend On Tra | ,k |

2) I have attended before with another student and am happy for the student to proceed with

their placement.



Helping Youth & Community from Start to Finish

Financial Information for Accounts

| Name of Student | |
|-----------------------------------|--|
| School and Address | |
| School Contact Name and Number | |
| Accounts and Finance | |
| Department Contact | |
| Name, Number and Email | |
| Purchase Order Number if | |
| needed | |
| Contact Method | Email invoice |
| | Is the email / contact above the one to email the invoice to? Y / N $$ |

Invoices will be issued at the end of each month or term and will be expected to be paid within **14-28 days**. If there are any issues, follow the contact details on the invoice to discuss.