

ONLINE REFERRAL FORM

F0036QT 2-1Sep20

Please indicate the venue you are referring to: *

Please indicate the programme required: *

Preferred start date: *



Month Day Year

Preferred days: *

Mon

Tue

Wed

Thu

Fri

How did you hear about our programme? *

Referrer Name *

E-mail *

First Name Last Name

example@example.com

Phone Number *

Area Code Phone Number

Organisation Name *

Referrers Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Step 2

Learner Information

Learner Name *

Date of Birth *



First Name

Last Name

Month

Day

Year

Phone Number

E-mail

Area Code

Phone Number

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Ethnicity *

Sex *

Is a SEN in place? *

Is the Learner a Looked After Child? *

Is the Learner on a school roll? *

Is the Learner entitled to FSM? *

Current Attendance %

ULN

Step 3

Medical Information

GP Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Emergency Contact Name *

Relationship to Learner *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Permissions

Does the young person have any medical conditions requiring treatment, including medication? *

Details

Does the young person have any special requirements e.g. Diet, disabilities, learning difficulties? *

Details

Is the young person allergic to any medication i.e. Penecillin? *

Details

Has the young person received a tetanus in the last 5 years? *

Details

Step 4

Parent / Carer Information

Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

E-mail

example@example.com

Phone Number *

Area Code

Phone Number

Step 5

Fee Payer Information

Name of budget holder responsible for paying learner fees *

First Name Last Name

Organisation *

Position

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Phone Number

Area Code Phone Number

E-mail *

example@example.com

Bursar Name *

First Name Last Name

E-mail *

example@example.com

FSM Amount £

This is the amount we will use on a per day basis to supply a free school meal to those learners that are eligible

Step 6

Permissions and Authorisations

Finance

- Invoices for our services are sent at the beginning and end of each half term period. The invoice at the beginning of the term is a predicted invoice based on all registered learners and their patterns of use at that point in time. Any upward variation to this pattern (i.e. additional days) is invoiced at the end of the term.

- All invoices operate with 30 day terms and VAT is charged at the applicable rate.

- Our service is designed to be flexible and we understand that Learners personal circumstances can change quickly. To decrease the number of days a Learner attends simply contact the Centre Manager to arrange a new attendance pattern. You will be charged for the cancelled place until the end of the current half-term period.

- We provide free school meals (FSM) to those Learners that are entitled. This is indicated on application to the programme and recorded on each Learners ILP. Where circumstances change we require notification in writing from either the WRL service or from the Learners referral agency.

- Learners that have permission to go off-site are given their FSM entitlement directly and Learners that remain on-site have a lunch provided via delivery.

- A full copy of all policies relating to each site is available on site or by contacting the Centre Manager.

Learner

Is permission given for the young person to leave the site during break times? *

Is permission given for the young person to be transported as appropriate and in connection with the programme? *

Is permission given for photographs to be taken in connection with the programme for coursework and marketing purposes? *

Is permission given for medication to be administered as instructed in any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered by any medical authorities present *

By authorising this form you are agreeing to contract the services of Educ8.

Privacy Notice

As part of its service delivery, it is necessary for Educ8 to collect and process personal information, or personal data, relating to Learners and their families/carers. This personal information may be held by Educ8 on paper or in electronic format.

We are committed to being transparent about how we handle your personal information, to protecting the privacy and security of your personal information and to meeting our data protection obligations under the General Data Protection Regulation ("GDPR") and the Data Protection Act 2018.

To meet these obligations we have developed a Privacy Notice that applies to all End Users. It is non-contractual. A copy of the privacy notice is available [here](#).

The Company has appointed a data protection officer to oversee compliance with this privacy notice. If you have any questions about this privacy policy or about how we handle your personal information, please contact Tim Warner by email tim.warner@educ8group.com telephone 0116 403 0003 or by post Educ8 Group, 80 Jackson Road, Bagworth, Leicestershire, LE67 1HL.

G Suite for Education

At Educ8, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from

Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Educ8, students will use their G Suite accounts to complete assignments, communicate with their teachers, and learn 21st century digital citizenship skills.

By authorising this form I give permission for the learner/child to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in this notice.

Name of person authorising *

Date *



First Name

Last Name

Month

Day

Year

Phone Number *

Area Code

Phone Number