

ONLINE REFERRAL FORM

F0036QT 2-3Mar22

Please indicate the venue you are referring to: *

Please indicate the programme required: *

Preferred start date: *



Day Month Year

Preferred days: *

Mon Tue Wed
Thu Fri

How did you hear about our programme? *

Referrer Name *

First Name Last Name

Organisation Name *

Phone Number *

Area Code Phone Number

E-mail *

example@example.com

Referrer Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Step 2

Learner Information

Learner Name *

First Name Last Name

Date of Birth *



Day Month Year

Ethnicity *

Sex *

Phone Number *

Area Code Phone Number

E-mail

example@example.com

Home Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Does the Learner have an EHCP? *

Is the Learner a Looked After Child? *

Is the Learner on a school roll? *

Is the Learner entitled to FSM? *

Current Attendance %

ULN

Other relevant notes with regards this Learner:

1st Contact

The emergency contact should be the next of kin and would normally therefore be a parent or carer.

Relationship to Learner *

Emergency Contact Name *

First Name

Last Name

Address (if different to that of the Learner)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

E-mail

example@example.com

2nd Contact

Relationship to Learner *

Emergency Contact Name *

First Name

Last Name

Address (if different to that of the Learner)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

E-mail

example@example.com

Step 3

Learners Medical Information

GP Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

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. Penicillin? *

Details

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

Details

Step 4

Fee Payer Information

Name of budget holder responsible for paying learner fees *

Position

First Name

Last Name

E-mail *

Phone Number

example@example.com

Area Code

Phone Number

Organisation *

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Bursar Name *

E-mail *

First Name

Last Name

example@example.com

FSM Amount £

Step 5

Permissions and Authorisations

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? *

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

Is parental consent given for the learner to participate in lessons containing sexual content within RSE? *

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

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 Head of School 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 this referral form and then recorded on each Learners ILP. Where circumstances change we require notification in writing from the Learners referral agency.

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

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.

A full copy of all policies relating to each site is available on site or by contacting the Head of School.

Name of person authorising *

Date *



First Name Last Name

Day Month Year

Phone Number *

Area Code

Phone Number