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# **Section 19 Multi-Agency Panel Referral Form**

The [**Section 19 Policy | Westmorland and Furness Council**](https://www.westmorlandandfurness.gov.uk/sites/default/files/2025-09/Westmorland%20and%20Furness%20Section%2019%20Policy_0.pdf) sets out the responsibilities and procedures for securing a suitable education for children who, due to exclusion, illness or other reasons, would not otherwise receive such an education. This referral form should be completed where it is considered a child is not receiving a suitable education in accordance with this policy.

## Section 1: About you (the referrer)

Name: *Click or tap here to enter text.*

Role: *Click or tap here to enter text.*

Representing school/agency: *Click or tap here to enter text.*

Telephone number: *Click or tap here to enter text.*

Email address: *Click or tap here to enter text.*

Date:*Click or tap here to enter text.*

## Section 2: About the pupil

Name: *Click or tap here to enter text.*

Address: *Click or tap here to enter text.*

Date of birth: *Click or tap here to enter text.*

Start date at school: *Click or tap here to enter text.*

Year group: *Click or tap here to enter text.*

UPN: *Click or tap here to enter text.*

Entitlement to free school meals Yes  No

Ethnicity: *Click or tap here to enter text.*

Primary language: *Click or tap here to enter text.*

Interpreter required: Yes  No

Religion: *Click or tap here to enter text.*

Sex: *Click or tap here to enter text*

Gender: *Click or tap here to enter text.*

**Special educational needs (SEN), please select from the choices below:**

Education, health and care (EHC) plan  Undergoing EHC needs assessment

SEN support level  No identified SEN

**Children’s care, early help and family support service involvement, please select from the choices below:**

Looked after child  Previously looked after child

Subject to child protection planning  Support from early help/family support

No involvement of care, early help or family support services

Adjustments to school environment required to accommodate physical and/or sensory needs requirement:

Yes  No

If yes please provide information about adjustments required, which might include for example wheelchair access, preferential seating arrangements for hearing or visual impairment as these are required.

*Click or tap here to enter text.*

## Section 3: Reason for Referral

Reason for referral

|  |  |
| --- | --- |
| Medical (M) |  |
| Emotional (E) |  |
| Other (O) |  |

Presenting needs leading to referral?

*Click or tap here to enter text.*

Type of alternative provision being requested, for example support to re-engage in education.

*Click or tap here to enter text.*

Length and duration of placement being requested, this should include information about the number of days and hours per week and the number of weeks or terms.

*Click or tap here to enter text.*

Please identify the intended outcomes of provision implemented following Section 19 referral.

*Click or tap here to enter text.*

## Section 4: Learning Profile

Please detail the pupil’s current or most recent educational attainment and progress data.

**KS1, KS2**

**Current Curriculum Levels and summary of progress**

|  |  |  |
| --- | --- | --- |
| Reading | Writing | Maths |
|  |  |  |

**KS3**

**Current attainment and summary of progress**

|  |  |  |
| --- | --- | --- |
| English | Maths | Science |
|  |  |  |

**KS4**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject Options | Current grade and target grade | Exam Board | Outstanding coursework or missed learning |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide the results of any standardised assessment completed below.

|  | **Reading** | **Spelling** | **Comprehension** | **Verbal** | **Non-Verbal** | **Quantitative** |
| --- | --- | --- | --- | --- | --- | --- |
| **Test used** | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| **Standard or scaled scores** | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| **Date tested** | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |

Please give details of any college course, work experience or alternative education (includes expected achievement and contact details)

*Click or tap here to enter text.*

Please provide information about any other barriers to learning, this might include for example perceptions about the relevance and/or enjoyment of school, social relationships, sensory sensitivities, etc.

*Click or tap here to enter text.*

## Section 5: Intervention

Which subjects or aspects of school have been most and least successful?

*Click or tap here to enter text.*

Summary of internal and external support provided up to the time of referral (please provide dates relating to any intervention and reviews that took place)?

*Click or tap here to enter text.*

Overview of pupil’s response to support, what has worked well, what has worked less well?

*Click or tap here to enter text.*

Any significant events and/or changes to the pupil’s situation or circumstances?

*Click or tap here to enter text.*

Any other relevant information?

*Click or tap here to enter text.*

Please indicate the support agencies who are involved with the pupil (past and present)

| **Past** | **Present** | **Agency** | **Contact name** | **Contact number** |
| --- | --- | --- | --- | --- |
|  |  | CAMHS | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Other health services: *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Youth Offending Team | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Social care | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Early Help or Family Support | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Targeted Youth Support | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Educational Psychologist | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Specialist Advisory Service | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Other: *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
|  |  | Other: *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |

## Section 6: Pupil Profile and Views

This section should be completed by the pupil and/or further to discussion with the pupil.

Pupil’s strengths, areas of interest and aspirations for the future.

*Click or tap here to enter text.*

Pupil’s views about their current situation and the proposal to seek alternative provision.

*Click or tap here to enter text.*

Pupil’s views about support or provision they have now and/or might have in the future, which they think might be helpful.

*Click or tap here to enter text.*

## Section 7: Parent/carer information and views

Parent/carer information

|  | **Primary** | **Secondary** |
| --- | --- | --- |
| Name | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Relationship | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Address | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Telephone number | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Mobile number | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Email address | *Click or tap here to enter text.* | *Click or tap here to enter text.* |

Parent/carer’s views about pupil’s strengths, areas of interest and aspirations for the future.

*Click or tap here to enter text.*

Parent/carer’s views about pupil’s views about current situation and the proposal to seek alternative provision.

*Click or tap here to enter text.*

Parent/carer’s views about support or provision pupil has now and/or might have in the future, which they think might be helpful.

*Click or tap here to enter text.*

## Consent

I give my permission for the information contained within this referral form and any accompanying documents about, and in relation to, my child to be shared with members of the Section 19 Multi-Agency Panel (please check box if in agreement)

I give my permission for the information contained within this referral form and any accompanying documents about, and in relation to, my child to be shared with potential alternative provision providers (please check box if in agreement)

Parent/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *Click or tap here to enter text.*

**The following information is required in addition to the completed referral form. Please submit all documents together.**

| **Check** | **Information required where applicable** |
| --- | --- |
|  | Record of attendance (for current and previous academic years) |
|  | Reviewed and current pastoral support plan (PSP)/personal learning plan (PLP)/individual learning plan (IEP)/relevant school documents (please include explanation of grades used) |
|  | Current timetable (including indication of any adjustments made, subjects being studied, etc.) |
|  | Early help assessment, current child in need or child protection plan, including the most recent reviews, where these services are involved. |
|  | Relevant safeguarding chronology. |
|  | Safety/behaviour management plan/risk assessment plan |
|  | Engagement/conduct log |
|  | Copy of most recent education, health and care (EHC) plan and annual review |
|  | Copy of SEN support plan |
|  | Reports from any other professionals/agencies involved (past and/or current) |
|  | Medical evidence form [**(Appendix 1)**](#_APPENDIX_1:_Health)and any relevant reports/discharge letters etc |
|  | Individual healthcare plan |
|  | Record of suspensions or exclusions |

# APPENDIX 1: Health Practitioner Referral

More information about how to access support for a pupil who is unable to access their mainstream school due to health reasons is available via this link: [**Section 19 Policy under the Education Act 1996 | Westmorland and Furness Council**](https://www.westmorlandandfurness.gov.uk/sites/default/files/2025-09/Westmorland%20and%20Furness%20Section%2019%20Policy_0.pdf)**.**

## Section 1: About you (medical practitioner)

Name: *Click or tap here to enter text.*

Role (for example paediatrician, psychologist, consultant): *Click or tap here to enter text.*

Representing (for example hospital name and department or service): *Click or tap here to enter text.*

Telephone number: *Click or tap here to enter text.*

Email address: *Click or tap here to enter text.*

## Section 2: about the pupil

Name: *Click or tap here to enter text.*

Date of birth: *Click or tap here to enter text.*

Address: *Click or tap here to enter text.*

School name: *Click or tap here to enter text.*

## Section 3: the reason for referral

Medical diagnosis: *Click or tap here to enter text.*

Last seen on: *Click or tap here to enter text.*

Details of your support and frequency of intervention.

*Click or tap here to enter text.*

## Section 4: about the educational provision of this pupil at the time of this referral

Is this pupil well enough to receive some education? Yes  No

Is this pupil well enough to attend school? Yes  Part-time  No

If ‘no’ or ‘part time’ please explain the reasons for this

*Click or tap here to enter text.*

## Section 5: planning for the future of this pupil’s education

Please indicate how, in your view, how this pupil can be supported to access mainstream education:

*Click or tap here to enter text.*

In your view, what health care requirements, if any, are necessary for this pupil to be educated in their mainstream school? (Please attach any appropriate medical advice):

*Click or tap here to enter text.*