



Admissions Policy

Date of Policy: September 2023.
Frequency of Review: Annually.
Date of Next Review: July 2024.

At Wize Up we aim to ensure that all young people who are admitted to the school will thrive in an environment of high expectation, will be able to benefit from the rounded education provided and be happy within the school community. We recognise our duty to embrace diversity and to work to overcome prejudice. We do not discriminate on grounds of diversity, gender, gender reassignment, pregnancy, disability, sexual orientation, race or religion.

At the point of admission to Wize Up it is made clear to all prospective young people and their parents that they are expected to cooperate with the teaching and support staff and to promote the greater good of the whole community. We also wish to establish a full partnership with parents in order to promote the interests of the young people. This partnership must be based upon mutual honesty and respect. We have the right to expect full disclosure of any learning support assessment or identified need, or medical condition or disability, which could require specialist treatment, support or equipment, and any behavioural or disciplinary issues known to parents at the point of admission, and thereafter. This information is essential to assist with any interview or other pre-assessment screening.

We seek to offer places to those whom we believe can contribute positively to the Wize Up community, and whom we can educate and safeguard within our own teaching and learning support structure.

We make direct contact with the previous school or educational establishment via the initial referral form received from them and ask for comments on academic progress to date, areas of improvement required and general behavioural standards.

Collectively, all this information allows Wize Up to be reasonably sure that it is the right school for each young person and to tailor our approach to meet the

specific needs. The school wants to be able to educate and develop each young person to the best of their ability and to ensure that any prospective young person will be emotionally, socially, and academically at ease with their peers. In this way there is every chance that all young people will emerge at the end of their time at Wize Up having enjoyed the school and confident in their next steps.

All those joining the School must agree to abide by the code of conduct at Wize Up and to adhere to relevant school rules and policies.

Admissions procedure

Most of our admissions are received directly from schools and Local Education Authorities (LEA) who will, providing there is space make a referral by filling out a referral form (appendix 1) and submitting this via email. We endeavour to make contact on the day the referral is received to arrange an induction with the young person and their parent/carer, schools and any other professional working with the family are welcome to accompany them to this appointment. Those referring should note that we intake all year round.

We are more than happy to have a telephone consultation with schools/LEA's prior to making a referral. We find that in most cases having a consultation before making the referral is extremely beneficial, not only as this helps to build a relationship with the referring body, it also provides us with the opportunity to obtain an in-depth background on the young person to enable us to identify areas to work towards.

Appendix 1



REFERRAL FORM



karlene.thomas@wize-up.org.uk

020 8859 9664

Thank you for choosing Wize Up, we look forward to working in partnership with you.

Please note that if you wish to refer a pupil, we ask that you do so as early as possible in the day. This enables us to follow up with a telephone call with a view to offering a place the following day. This is subject to availability after an introductory interview with the parent/carer and the young person.

Please note that unless otherwise indicated on the form, the parties making the referral are taken to be those who will fund the placement for the duration of the time requested. In addition, making a referral to our service is confirmation that you agree to abide by our terms and conditions relating to the provision (please ask for a copy if required).

We ask that you include as much information as possible on this referral form, with emphasis on the reason for the exclusion and the aim of the referral i.e. *to set a target to measure success*.

REFERING SCHOOL

School	Contact Name
Contact Number	Email Address

STUDENT'S DETAILS

UPN		ULN		UCI	
Legal Forename		Preferred Forename		Legal Surname	
Gender	Select gender	Date of Birth		Ethnicity	Select ethnicity
Year Group	Select year	FSM	Yes/No	EAL	

Social Services Information

Is the Young Person known to Social Services?	Yes/No	Level of Involvement	Select plan
If yes, state who has parental responsibility			

Social Worker Contact		Social Worker Number		Social Worker Email	
				Proposed Admission Date	00/00/0000

GUARDIAN INFORMATION

Details of parent/carer who young person resides with

PERSON 1

Name		Suffix	
Address			
Address	City	Postcode	
Mobile	Home tel	Work tel	
Email		Interpreter Required	<input type="checkbox"/> Yes

PERSON 2

Name		Suffix	
<input type="checkbox"/> <i>Select if address is the same as Person 1</i>			
Address			
Address	City	Postcode	
Mobile	Home tel	Work tel	
Email		Interpreter Required	<input type="checkbox"/> Yes

GUARDIANSHIP INFORMATION

If the young person does not reside with the person who has parental responsibility, please provide additional details

Name		Suffix	
Relationship			
Address			
Address	City	Postcode	
Mobile	Home tel	Work tel	
Email Address			
Relationship to young person		Interpreter Required	<input type="checkbox"/> Yes

EMERGENCY CONTACT

Name		Suffix	
Address			
Address	City	Postcode	
Mobile	Home tel	Work tel	

Email	
Relationship to young person	Interpreter Required <input type="checkbox"/> Yes

MEDICAL & DIETARY INFORMATION

Please advise if the young person suffers from any condition that may impact their placement

Please state any medication the young person might be taking

Do they take this medication during school hours? Yes No

Please advise if the young person have any involvement with CAMHS/ Substance Misuse or Other agencies

Please specify agency	Dates	
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.

REFERING SCHOOL

Length of placement	
Start date	End date

Please state reason for referral

Have there been any previous exclusions? If yes, please fill in below

	Reason for exclusion	Length of exclusion	Date (Start/End)	Any further information
1				
2				
3				

Interventions with positive outcomes

Interventions with negative outcomes/strategies to avoid

PSP meeting details i.e. *dates, targets set, whether targets have been met*. If yes, please attach the completed forms

What support is currently being provided (e.g. mentoring, counselling, other agencies involved)

Previous AP attendance

	Name	Reason for Referral	Date (Start/End)	Engagement levels
1				Choose an item.
2				Choose an item.
3				Choose an item.

This section must be completed in full

Child Protection issues	<input type="checkbox"/>	Behaviour management issues	<input type="checkbox"/>	Perpetrator of violence	<input type="checkbox"/>	Has a disability	<input type="checkbox"/>
In public care	<input type="checkbox"/>	Bullying behaviour	<input type="checkbox"/>	Victim of violence	<input type="checkbox"/>	Literacy support needs	<input type="checkbox"/>
Caring responsibilities	<input type="checkbox"/>	Victim of bullying	<input type="checkbox"/>	At risk of Sexual exploitation (CSE)	<input type="checkbox"/>	History of truancy	<input type="checkbox"/>
Traveller/Gypsy	<input type="checkbox"/>	Expresses racist/sexist/homophobic views	<input type="checkbox"/>	Perpetrator of sexual abuse	<input type="checkbox"/>	Drug/substance involvement	<input type="checkbox"/>
Refugee/Asylum seeker	<input type="checkbox"/>	History of violence	<input type="checkbox"/>	Victim of sexual abuse	<input type="checkbox"/>	Teenage Parent	<input type="checkbox"/>
Concerns about radicalisation	<input type="checkbox"/>	Involved or at risk of gang involvement	<input type="checkbox"/>	Victim of or concerns about possible FGM	<input type="checkbox"/>	Young offender	<input type="checkbox"/>

Other, please specify:

Educational Health Care plan Yes No

If an Educational Health Care plan is in place please attach the full plan with this referral

Assessment grades in sub levels:

	English	Maths	Science	ICT	Other Subjects
KS2					
KS3					
KS4					

If student is in Year 10/11, please provide GCSE options and coursework, where applicable, when sending this referral over

Does this young person have a risk assessment? Yes No

If so, please provide brief details below and call Wize Up to discuss

HISTORY & FAMILY SITUATION

Has this young person or their family previously been known to social services? If so please state date of involvement and reasons for involvement

Parent/ School relationship

Positive

Room for improvement

Difficult to engage

Does not engage

Are there any current issues with attendance?

Yes

No

Is there a history of substance misuse in the immediate family? If yes, please provide information below

REFERRAL DETAILS

What do you hope to achieve through this referral?

Please advise what the young person's long term educational and career plans are (i.e. what they are planning to do when they leave school and what career do they hope to pursue)

Please include any additional information which you may feel relevant to this referral

ACCOMPANYING DOCUMENTS

Please ensure that the following information is attached to this referral where relevant

- Academic reports
- Most recent attendance certificate
- Behaviour reports
- Medical information
- Copy of the most recent EHCP
- Young person risk assessment
- Last CP/TAC/CIN meeting minutes
- PEP, ILP or IEP

Assessments conducted within the last 18 months i.e. *Speech and language, Educational Psychology reports, Exclusion letter*

REFEREES DETAILS

Print Name		Designation	Date	Click or tap to enter a date.
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Signature	
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