**Esteem Educators School Application Form**

**Student Information:**

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| --- | --- |
| Full Name: |  |
| Date of Birth: |  |
| Gender Preference: | Male |
| Ethnicity: | White - British |
| Year Group: |  |
| Medical Conditions: |  |
| Which days will the student attend Esteem Educators? |  |

**Parent/Guardian Information:**

|  |  |
| --- | --- |
| Parent/ Guardian Name: |  |
| Address: |  |
| Postcode: |  |
| Phone Number: |  |
| Email: |  |

**Secondary Emergency Contact:**

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to Child: |  |
| Address: |  |
| Postcode: |  |
| Phone Number: |  |
| Email: |  |

**School Information:**

|  |  |
| --- | --- |
| School Name: |  |
| School Address: |  |
| Postcode: |  |
| Phone Number: |  |
| Email: |  |

**Key Contacts**  
Please provide the details of key contacts within the school who will be responsible for coordinating and communicating with Esteem Educators regarding the student's participation in our program. These key contacts play an important role in ensuring effective collaboration and support for the student's educational journey. Please provide the requested information for the***main contact, attendance officer, safeguarding lead, and business manager/finance officer*** below.

**Main Contact:**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone Number: |  |

**Attendance Officer:**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone Number: |  |

**Safeguarding Lead:**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone Number: |  |

**Business Manager/Finance Officer:**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone Number: |  |

**Student’s School Life**Please provide a brief history of the pupil’s school life including attendance, behavior logs, exclusions etc.

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**Student’s Needs**Please indicate any social, emotional and behavioral needs the pupil may have.

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| Does the student have an Education, Health & Care Plan? *(If yes, please attach a copy upon return of this form)* | Yes |
| If yes, which Local Authority has responsibility for the EHCP? | N/A |
| Is the student under Child Protection/Child in Need/TAC etc. | Yes |
| Is the student undergoing CAMHS supervision/referral? | Yes |
| Does the student have a personalised risk assessment/behavior plan/communication plan? *(If Yes, please email a copy to info@esteemeducators.co.uk)* | Yes |

**What are your expectations for the student whilst with Esteem Educators?**Short Term (half-term)

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| --- |
|  |

Medium Term (full-term)

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|  |

Long Term (annually)

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|  |

By signing this application form, you confirm that the information provided is accurate and complete (*e-signature accepted*). You also give consent for Esteem Educators to contact the school and key contacts listed for the purpose of coordinating the student's participation in our program.

School Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  
School Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the completed application form to Esteem Educators at info@esteemeducators.co.uk. If you have any questions or need further assistance, please contact us. Thank you for your cooperation.

Sincerely,

Bradley Gilchrist  
Head of Provision  
Esteem Educators  
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07904838638