

**SEND Post 16 Phased Transfer
PREFERENCE FORM for pupils with an
Education, Health and Care Plan (EHCP)**



In order to be considered for a place at any maintained school sixth form, general Further Education College, specialist provision or independent provision in Telford & Wrekin or other LA, this form must be completed and returned to your current provision by **31st December** at the latest, or to sendpfa@telford.gov.uk.

PART 1: Pupil Details (Please check these are correct)

Pupil ID:

Current provision:

Surname:

Forename(s):

Date of birth:

Gender:

Home address:

If the address above is incorrect, please write correct address in the adjacent space and provide proof of this, such as a utility bill, along with your completed form.

If no proof is provided, the address supplied by the current provision will be used when allocating a placement.

PART 2: Preferences (Please state up to four preferences)

Please write your preferences clearly in BLOCK CAPITALS in the boxes below.

Please write your preferences in order below.

If requesting an Independent Specialist provider, a mainstream provider will also be consulted with. We will only consider an Independent Specialist Provider once the Local Authority are satisfied that this is the most appropriate provision to meet your needs.

If the requested college has multiple courses and/or campuses, please write your preferred options below:

Course (and level if appropriate):

Campus:

1st

2nd

3rd

4th

PART 3: Information to support your preferences. If you wish to explain the reasons for your preferences, please use the space below. Please attach your career plan to this form. Additional sheets to be attached by staples only.

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STUDENT IN CARE:

Are you in care to a Local Authority?

Yes

☐

No

☐

If Yes: To which Local Authority?

Social Worker Name:

Contact Tel No.

Person(s) with Parental Responsibility:

PART 4: Please complete the checklist to make sure you haven't missed anything:

- ☐ I have read the guide and understood how places will be allocated.
- ☐ I have checked my child's details in Part 1 of this form are correct.
- ☐ PROVIDED PROOF OF MY ADDRESS IF IT IS DIFFERENT TO THAT PRINTED IN PART 1.
- ☐ I have clearly listed up to four providers in the boxes in Part 2
- ☐ In Part 3 I have added any information in support of my preferences that I would like the LA to know.
- ☐ I have completed the Care details if relevant to me.
- ☐ I must now complete, sign and date the declaration in Part 5 – **FORMS CANNOT BE ACCEPTED IF THE DECLARATION IS NOT FULLY COMPLETED AND SIGNED.**

PART 5: Declaration by Student/Parent/Carer

"I declare that the information I have given on this form is correct. I understand that if at a later date this information is found to be incorrect I may lose any place allocated to me."

Title: MR / MRS / MS / MISS / DR / REV / OTHER (please state):

Full Name (please print):

Relationship to pupil: Parent/Foster Carer/Social Worker/Other (please state):

Signed:

Date:

Main phone number:

Alternative phone number:

Once completed, please return to your current provision by **31st December** at the latest, or to sendpfa@telford.gov.uk