**Self-Harm / Wellbeing Re-Admission Form**

Student’s name: ……………………………………………………………………………………………………………………

Tutor Group: ………………………………………… Year Group: …………………………………………………………

Day: M/T/W/Th /F………………………………….Date: ……………………………. Time: ……………………………

Length of absence (number of school days): …………………………………………………………………………

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| **Details of action take by school:**  | **Yes/No/NA** |
| Senior member of staff notified: |  |
| Parent/carer contacted: |  |
| Medical advice taken: | GP |  |
| 111 |
| 999 |
| Student taken for further medical assessment by:  | Parent / carer |  |
| Member of Staff |
| Emergency services |
| Student discharged to parent / carer’s care by ambulance crew / paramedic:  |  |
| Student declared fit to return to lessons by: (Please specify) |  |
| Other action taken: (Please specify) |  |

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| **Details / outcome of treatment:**  | **Yes/No/NA** |
| Student discharged into parent/care’s care  |  |
| Student declared fit to return to school by  | GP |  |
| Hospital |
| Student referred for further assessment / intervention by:  | GP |  |
| CAMHS |
| Please specify any actions following assessment/intervention. |  |
| Any other information.  |  |

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|  | **Yes/No/NA** |
| Re-visit incident and establish what happened, what student used to self-harm, where they got it from, and where it is now. Apply school behaviour policy if appropriate.  |  |
| Complete details/outcome of treatment section above in consultation with parent. |  |
| Ask the parent/career and student if they are confident that s/he is fit to return to school.  |  |
| Reiterate support network available in school: Form Tutor, Head of House, Student Manager, Student welfare Manager, School Counsellor. |  |
| Discuss options (see Self-harm/wellbeing flow chart.) |  |
| Complete a risk assessment and ensure this is signed by the parent/career and student.  |  |

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| **Family present (delete as appropriate.)** |
| Student present | YES | NO |
| Parent/s present:  | Mother  | YES | NO |
| Father | YES | NO |
| Other (please specify.) |

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| **Staff present (delete as appropriate.)** |
| Headteacher/Deputy | YES | NO | Student Manager | YES | NO |
| Head of House/Year | YES | NO | Pastoral Staff | YES | NO |
| Form Tutor | YES | NO |  | YES | NO |
| Other (please specify): |
| Staff name and signature:  |

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| **Post interview checklist.** |
| **Task** | **Responsibility** | **Actioned by** | **🗸** |
| Email subject teachers, Form Tutor, Head of House/Year, Student Manager and Student Welfare Manager. | Head of House/Year |  |  |
| Log incident on incident spreadsheet. | Student Welfare Manager |  |  |
| Update ‘Names to Know.’ | Student Welfare Manager |  |  |
| Meet with student at end of first day for visual/verbal wellbeing check.  | Head of House/Year |  |  |
| Completed form copied to Student Welfare Manager | Head of House/Year |  |  |
| Original form filed in student file, together with completed and signed risk assessment. | Student Welfare Manager |  |  |