**04 Learner Code of Conduct agreement**

This Code of Conduct is an agreement between the parties listed below. It can be adapted to suit the setting’s existing behaviour policy.

| **Student name** |  |
| --- | --- |
| **Date of birth** |  |
| School |  |
| Year group |  |
| School/commissioner contact name |  |
| School/commissioner contact email |  |
| School/commissioner contact telephone |  |
| School/commissioner contact role |  |
| Parent/carer(s) name |  |
| Parent/carer(s) email |  |
| Parent/carer(s) telephone |  |
| AP lead name |  |
| AP lead email |  |
| AP lead telephone |  |

**Key Expectations**

Please take time to read the expectations and code of conduct for attending our alternative provision [AP]. Many of the rules/expectations mirror those of mainstream schools. Learners are still expected to be able to maintain an appropriate level of behaviour and respect the boundaries that are in place.

|  |  |
| --- | --- |
| **Whilst at my AP I agree to/have been told about the following** | **Young person to sign here** |
| If I cannot attend for any reason, I will inform the AP by *(time)* |  |
| I will arrive on time and ready to learn |  |
| I will be respectful of all others and property |  |
| I will do my best in all sessions |  |
| I will wear appropriate clothing for the setting, in line with non-school uniform days. (No slogans, offensive or revealing clothing) |  |
| If I require medication, I will hand it in upon arrival. My parent or carer will call in to discuss requirements |  |
| I understand I may need special equipment or have to wear special clothing and agree to use or wear what is asked of me |  |
| If I have an accident, I will inform my teacher/instructor straight away |  |
| I have been told what to expect if there is a fire alarm and been shown where to go |  |
| I understand I cannot leave site during the session/without supervision |  |
| I understand that my mobile phone needs to be in my bag away during the day |  |
| I understand that school and AP sites are non-smoking and agree to adhere to the smoking, drug and alcohol rules |  |
| I understand that breaching any of the above will lead to my parents/carers being called and consequences being put in place after discussion with my school |  |

## By reading and signing this contract you are agreeing to adhering the rules of the designated alternative provider. If you would like anything explained in further detail now or over the course of your placement, please ask any of the named keyworkers above.

## **Signatures[[1]](#footnote-1)**

We, the named persons below certify that we are authorised to refer the young person named and accept the terms of business as agreed with the referring agency/school.

We confirm that all details are current, correct and that all relevant information has been shared.

We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

|  |  |  |
| --- | --- | --- |
| **Signatory** | **Signature** | **Date** |
| **Parent/carer** |  |  |
| **Young person** |  |  |
| **School referrer** |  |  |
| **AP contact/lead** |  |  |
| **Other professional (name/role)** |  |  |

A completed copy of this form will be forwarded to (delete as applicable):

* Parent/carer
* Young person
* School contact
* AP contact
* EHCP Co
* LAC Adviser
* YOT Key worker
* NHS professional
* Other relevant professional

1. If electronic, the school/referrer must retain its own evidence of this (e.g., email, record of telephone conversation) [↑](#footnote-ref-1)