Please return this request to: [glennfraser@gillford.cumbria.sch.uk](mailto:glennfraser@gillford.cumbria.sch.uk)

Hospital and Home Tuition Referral

Outreach request form

|  |  |
| --- | --- |
| **School Main Contact** | |
| **School** |  |
| **Address** |  |
|
|
| **Telephone** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
|  | **Purpose** | **Please tick the help you need** |
| **Informal online chat** | **Talk about what we do at HHTS** |  |
| **Help and support with the referral form** |  |
| **To discuss any pupils that are causing concern** |  |
| **Other** |  |
| **A visit from a HHTS member of staff to visit** | **Talk about what we do at HHTS** |  |
|  | **Help and support with the referral form** |  |
|  | **Open days** | **Please tick if you wish to attend** |
| **Visit to HHTS for Q &A** | **Primary staff open days for staff at the Gillford Centre**  **31.01.2023 – NQT**  **01.02.2023 – Teachers**  **02.02.2023 – Support Staff** |  |
|  | **Secondary staff**  **07.02.23 3 – 4pm**  **\* We can possibly arrange a visit on request** |  |
| **Onsite training**  **Training events from external providers**  **(Please refer to the HHTS monthly bulletin for courses)** | | |
| **Name of the course** | **The name of the delegate and school** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |