**LBN School Re-integration**

Please complete and return this information request form to **Alex Bowman** **Alex.Bowman@newham.gov.uk** **by 5pm Wednesday 16 March 2022.**

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| --- | --- |
| **Name of your Organisation** |  |
| **Address** |  |
| **Name of Key Contact** |  |
| **Position** |  |
| **Email** |  |
| **Phone Number** |  |
| **Is your organisation a:** | * **Private Sector**
* **Local authority**
* **Social Enterprise**
* **Charity**
* **Voluntary Community Sector/Third Sector**
* **Other**
 |
| **Please provide a short introduction to your organisation (150 words max.)** |  |



**Please answer the below questions in the area provided below. These will be used to support the Council’s plans for the development of a school re-integration service:**

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| --- | --- |
| **Question 1:****Would you as a provider be able to provide suitable premises, in Newham, according to the service description and needs of the service users? Please describe how.****[300 word limit]** |  |
| **Question 2:****Would you as a provider be able to offer a fully registered service (independently or in partnership with an established educational setting/s), for the pupil need described within the service description, in line with the Education Act 2011? Please describe how.****[300 word limit]** |  |
| **Question 3:****Can you as a provider demonstrate extensive experience in supporting autistic children and young people with highly complex needs achieve measurable positive individual social, independent and educational outcomes? Please describe how.****[300 word limit]** |  |