

Darlington Alternative Provision Offer

Provider name:		
Programme name:		
Type of provision:	Part time	
Brief description of programme:		
Delivery location(s) including full address:		
Learner groups:	Behavioural difficulties (lower levels of need)	Yes/No
	Emotional needs	Yes/No
	History of youth offending	Yes/No
	Special Educational Needs or learning difficulties (detail below if necessary)	Yes/No
	Looked after children	Yes/No
	Disengaged from mainstream education	Yes/No
	At risk of disengaging from mainstream education	Yes/No
Other (please specify):		
Staff ratio:	1:? maximum	
Hours per week:	? hours maximum	
Expected course length (days per week / number of weeks):		
Accreditation offer including level:		
Key contact:	Name: Email address: Telephone number:	
Total course cost per pupil:		
Daily cost per pupil:		

Other relevant information (minimum or maximum group size, etc.):	
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Note: Please limit information to 2/3 sides of A4.