**Children Missing Education (CME) – Referral Form**

**SECTION 1 – TO BE COMPLETED BY REFERER**

|  |  |  |
| --- | --- | --- |
| Name of school: | Name of referrer: | Position: |
|  |  |  |
| Telephone Number: | Email Address: | Date Submitted: |
|  |  |  |

|  |  |
| --- | --- |
| **Pupil details:** | **Last known address in Bradford:** |
| Forename:  |  |
| Middle name(s): |  |
| Surname: |  |
| AKA/other name: |  | **Forwarding address (including Local Authority) if known** |
| DOB: |  | **Previous addresses if known:** |
| Gender: |  |
| Ethnicity: |  |
| Language:Is an interpreter required? |  |
| School including UPN: |  |
| Year Group: |  |
| **\*Risk markers\*** Please highlight where appropriate | **Safeguarding** | **CSC involvement** | **CiN** | **CP** | **CLA** |
| **Current** | **Previous** | **Current** | **Previous** | **Current** | **Previous** | **Current** | **Previous** | **Current** | **Previous** |

(please also complete all relevant sections in **Section 2** below)

|  |  |
| --- | --- |
| **Sibling details:** |  |
| Full name:  | DOB: | Gender: | Ethnicity: | Language: | Year Group: | Nursery/School inc UPN | Are these children CME? |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
| **If no to CME, please provide details**  |  |

|  |
| --- |
| **School Information** |
| Percentage of attendance: |  | Date child last attended: |  |
| Previous education history i.e. previous schools attended if known.  |  |
| Previous CME? | Yes [ ]  No [ ]  Unknown [ ]  |

|  |
| --- |
| **Parent/carer details: (Please include all contact information held by the school)**  |
| Name: |   | DOB: |  |
| Relationship to child: |  | Contact number/s: |  |
| Address: |  | Language:If first language is not English, please note their fluency in English and whether an interpreter is required. |  |
| Email address: |  |  |  |
| Does this person have Parental Responsibility? | Yes [ ]  No [ ]  Unknown [ ]  |
| Name: |   | DOB: |  |
| Relationship to child: |  | Contact number/s: |  |
| Address: |  | Language:If first language is not English, please note their fluency in English and whether an interpreter is required. |  |
| Email address: |  |  |  |
| Does this person have Parental Responsibility? | Yes [ ]  No [ ]  Unknown [ ]  |

|  |
| --- |
| **What is the primary reason for referring as CME?** |
| Please include a summary of your current thinking as to what may have happened, and/or where the child / family may have gone. |
| **Details of enquiries made***Please ensure all of these enquiries are made before referring to the CME team.* |
| **Contact with Sibling(s) School(s)**  |
| Details: |
| **Contact with other agencies involved with the family** |
| Details: |
| **Contact with Bradford Admissions Team** |
| Details: |
| **Contact with new School / LA (if known)** |
| Details: |
| **Telephone calls** |
| Contact name | Contact number | Date | Outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Home visits** |
| Date | Outcome | Spoke to neighbours? |
|  |  |  |
| **Have you spoken to family, friends, class teachers** |
| Name | Relationship | Date | Outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Letters sent/received-Provide details.** |  |
| **Emails sent/received- Provide details.** |  |
| **Additional information**Including any unconfirmed forwarding addresses.  |  |

**SECTION 2 - TO BE COMPLETED BY YOUR DESIGNATED SAFEGUARDING LEAD**

|  |
| --- |
| **Additional information** |
| Child Looked After (CLA)  | Yes [ ] No [ ]  Previous [ ]   | Gypsy Roma/Traveller  | Yes [ ]   |
| Subject to a child protection plan or child in need plan | Yes [ ]  No [ ]  Previous [ ]   | Refugee or asylum seeker | Yes [ ]   |
| Open to Early Help | Yes [ ]  No [ ]  Previous [ ]   | Living in temporary accommodation | Yes [ ]   |
| SEN support | Yes [ ]   | EHCP | Yes [ ]   |
| **If you have ticked Yes to any of the above, please provide further details** |

|  |  |
| --- | --- |
| Have there been any current or previous safeguarding/child protection concerns? | Yes [ ]  No [ ]  Previous [ ]  |
| Have there been any current or previous attendance and/or behaviour issues? | Yes [ ]  No [ ]  Previous [ ]  |
| **Do you have any reason to be concerned that child may be at risk of any of the following?**  |
| Child Sexual Exploitation (CSE) of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Radicalisation of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Female Genital Mutilation of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Modern Day Slavery of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Forced Marriage of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Domestic Violence of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Honour Based Violence of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Human Trafficking of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Neglect of the child and/or extended family members? | Yes [ ]  No [ ]  Previous [ ]  |
| Risk of child being missing/running away from home | Yes [ ]  No [ ]  Previous [ ]  |
| Risk of the child being involved in criminal behaviour and/or behaviour that may pose a danger to themselves or others | Yes [ ]  No [ ]  Previous [ ]  |
| **If you have ticked Yes to any of the above, please provide further details. Please note that any safeguarding concerns should be discussed with your Designated Safeguarding Lead and referred to Children’s Social Care and/or the Police as appropriate.**  |

|  |  |
| --- | --- |
| **Are there any known concerns to staff safety in visiting any of the above addresses or from any of the contacts detailed?**  | Yes [ ]  No [ ]  |
| **Details**  |

|  |  |
| --- | --- |
| **Name of Designated Officer completing this section** | **Contact Details** |
|  |  |