

Education Safeguarding Attendance Team - Referral Form

LA and Police welfare visits

Please be aware information will be treated as sensitive but may be shared with the parents/carers.

Pupil Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil name: | hdihd | | | School: |  | | |
| AKA: |  | | | Gender: |  | | |
|  |  |  |  |  |  | | |
| DOB: |  | Year Group: |  | Ethnic Origin: |  | | |
|  | | | | | | | |
| Address: |  | | | | | Postcode: |  |

Parent/Carer Contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Landline/mobile/email address: |  |
| Name: |  | Landline/mobile/email address: |  |

Family Members (parents/carers, siblings and other significant people in the household)

|  |  |  |
| --- | --- | --- |
| Name | Relationship | School/Address if different |
|  |  |  |
|  |  |  |
|  |  |  |

Agencies Involved:

|  |  |  |
| --- | --- | --- |
| Agency | Worker Name | Contact number |
|  |  |  |
|  |  |  |

**Required information**

Details of any safety concerns:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ECHP | Yes |  | No | Unknown |
| Looked after child | Yes | Historic | No | Unknown |
| Child Protection Plan | Yes | Historic | No | Unknown |
| Child in Need | Yes current | Historic | No | Unknown |
| Early Help | Yes current | Historic | No | Unknown |
| Are there any Safety Issues for staff visiting the home? | Yes (outline below) | | No | Unknown |
|  | | | | |

**Please state when the child was last seen? Please provide a detailed chronology of actions:**

**Please provide any other information you feel will support the referral:**

**It is expected that parents/carers are informed by school of this referral in writing**

**Referrer Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name** |  | | | | |
| **Referred by:** |  | **Role:** |  | | |
| **Signed:** |  | **Date:** |  | **Tel:** |  |