**Joint Enquiries Referral Form**

**(Compulsory school aged children on roll at a school whose absence is unexplained and their whereabouts are unknown)**

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

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| Name of school: | Name of referrer: | Position: |
|  |  |  |
| Telephone Number: | Email Address: | Date Submitted: |
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| **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/EH involvement** | **CIN** | **CP** | **CLA** |
| **Current** | **Previous** | **Current** | **Previous** | **Current** | **Previous** | **Current** | **Previous** | **Current** | **Previous** |

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

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| **Sibling details:** |  |
| Full name:  | DOB: | Gender: | Ethnicity: | Language: If first language is not English, please note their fluency in English and whether an interpreter is required. | Year Group: | Nursery/School inc UPN | Are these children also absent and their whereabouts unknown? |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  | Yes [ ]  No [ ]  |
| **If no to final column, please provide details**  |  |

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

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| **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 [ ]  |

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| **What is the primary reason for referring for joint enquiries?** |
| 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.*  |
| **Contact with Sibling(s) School(s)**  |
| Details: |
| **Contact with other agencies involved with the family** |
| Details: |
| **Contact with Bradford Admissions Team (if relevant)** |
| Details: |
| **Contact with new School / LA (if known)** |
| Details: |
| **Telephone calls** |
| Contact name | Contact number | Date | Outcome |
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|  |  |  |  |
| **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**

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| **Additional information** |
| Child Looked After (CLA)  | Yes [ ] No [ ]  Previous [ ]   | Gypsy Roma/Traveller  | Yes [ ]  No [ ]  If ‘Yes’, please delete as appropriate: Roma, Irish, Scottish, Welsh, New Age, Bargees, Showmen, Other. If ‘Yes’, please delete as appropriate: Residing on council site, Private site, Housed, Roadside. |
| Subject to a child protection plan or child in need plan | Yes [ ]  No [ ]  Previous [ ]   | Refugee or asylum seeker | Yes [ ]  No [ ]  If ‘Yes’, please delete as appropriate: Refugee VCRS/VPRS, Refugee GPP, Refugee Other, Asylum Seeker. Arrival date:NASS number (for Asylum Seeker): |
| Open to Early Help | Yes [ ]  No [ ]  Previous [ ]   | Living in temporary accommodation | Yes [ ]  No [ ]   |
| SEN support | Yes [ ]  No [ ]   | EHCP | Yes [ ]  No [ ]   |
| **If you have ticked Yes to any of the above, please provide further details** |

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| 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 referred to Children’s Social Care and/or the Police as appropriate.**  |

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| **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**  |

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