**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 |
|  | |  |  |  |
|  | |  |  |  |
| **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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