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| --- | --- | --- | --- |
| **Referrer Information** | | | |
| **Name** |  | **Date** |  |
| **Organisation** |  | | |
| **Email** |  | | |
| **Telephone** |  | | |

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| **Child / Young Person Information** | | | | | |
| **Name** | **DOB** | **NCY** | **Gender at Birth** | **SEND** | **Cared for Child** |
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| --- | --- |
| **Parent / Carer Information** | |
| **Name of parent / carer** |  |
| **Relationship to child** |  |
| **Telephone** |  |
| **Home address** |  |
| **School last attended** |  |
| **Any safety factors to be acknowledged when visiting the family** |  |

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| **Professionals Involved** | |
| **Role** | **Name** |
| Teacher |  |
| SENCO |  |
| Social Worker |  |
| EHCP Co-ordinator |  |
| Early Help Officer |  |
| Youth Justice Worker |  |
|  |  |
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| **Missing Pupil Referral Checks** | | |
| **Telephone call to parent/carer** | | |
| **Date** |  | |
| **Outcome** |  | |
| **Home visit** | | |
| **Date** | |  |
| **Outcome** | |  |
| **Enquiries with neighbours** | | |
| **Date** | |  |
| **Outcome** | |  |
| **If notifying of Elective Home Education, please include a copy of the email/letter from the parent/carer** | | |
|  | | |
| **Any other information: (including any previous safeguarding concerns about family)** | | |
|  | | |

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| **Completed forms to be returned to the Access and Inclusion team** | | |
| Lisa Grant | lisa.grant@cumberland.gov.uk | 07825273004 |
| Jacqueline Campbell | jacqueline.campbell@cumberland.gov.uk | 07391066240 |