A child **‘Missing Education’** is a child of compulsory school age who is NOT a registered pupil at a school and is NOT receiving suitable education otherwise than at a school (e.g. home educated or receiving paid for tuition)

**INTRUCTIONS FOR COMPLETING**

To be completed by anyone concerned that a child is ‘**Missing Education’.**

Please complete this referral with as much detail as possible showing all enquiries you have taken including phone calls and e mails.

**SCHOOLS must complete the below prior to this referral:**

* Check there are grounds for removing the child from roll (as listed in *Children Missing Education 2016 Annex A*) and no onward education destination is known
* Basic reasonable checks have been completed to establish whereabouts or destination; please include all details of telephone and email contacts, home visits, contact with schools of known siblings and contact with any other agencies involved with the child.
* Inform the Designated Safeguarding Lead of this referral
* **Schools do not complete if the child left the UK permanently with no additional safeguarding concerns AND if satisfied with travel details, new address and new school**
* **Schools must also complete the Statutory Off-Roll Notification Form**

If the child may be at risk of significant harm and if you have immediate concerns for a child, please contact the police.

If you wish to speak to a Social Worker for general advice or make a referral to **Children's First Contact Service** please contact them on:

* Mon-Fri 09:00-17:00 on 0208 770 6001
* (Mon-Fri outside of the above hours please contact the police and then the After-Hours Duty Service on 020 8770 5000
* Weekends/Bank Holidays please contact the police
* Non secure email (please password protect documents): [CFCS@sutton.gov.uk](mailto:CFCS@sutton.gov.uk)

**Child Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| Address in Sutton |  | | |
| New Address |  | | |
| School |  | | |
| Date Last Attended | Click or tap to enter a date. | Date Last Seen | Click or tap to enter a date. |
| Date on roll |  | Attendance this term % |  |

**Siblings (If Known)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| School |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| School |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| School |  | | |

**Parents/Carers Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| Address (If different to child) |  | | |
| Email |  | Mobile |  |
| Home Tel |  | Work Tel |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| Address (If different to child) |  | | |
| Email |  | Mobile |  |
| Home Tel |  | Work Tel |  |

**Other Significant Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Email |  | Telephone |  |
| Name |  | Relationship |  |
| Email |  | Telephone |  |
| Name |  | Relationship |  |
| Email |  | Telephone |  |
| Name |  | Relationship |  |
| Email |  | Telephone |  |

**Safeguarding Checklist (Assessing a child’s vulnerability)**

*Assessing vulnerability requires a combination of professional knowledge and experience of safeguarding and local circumstances.  Agencies should follow their own safeguarding procedures and have regard to the London Continuum of Need*

|  |  |  |  |
| --- | --- | --- | --- |
| DSL Name |  | Date Notified |  |
| Email |  | Telephone |  |

Child Protection / Child in Need Plan? If yes, attach worker details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Telephone |  | Email |  |

Is the child ‘Looked After’ (CLA)

|  |  |
| --- | --- |
| Care Authority |  |

**Please check the following and mark where known, including further information in the box below: \***

Is there a history of domestic violence, parental mental health, parental substance or alcohol misuse

Is this child mixing with known offenders putting them at risk

Is there a good reason to believe that the child may be a victim of a crime

Is this child at risk of sexual exploitation (please refer to CSE risk assessment)

Does the child have any health requirements that place the child at risk

Was the child noted to be depressed/self harming prior to the absence

Is there a person present in or visiting the family that has convictions for an offence against a child

Are there wider concerns about this child or their family with regards to possible radicalisation (please refer to PREVENT guidance)

Are there religious or cultural reasons to believe that the child is at risk:

Rites of passage or forced marriage planned for this child or historically for a sibling

Female genital mutilation for this child or historically for a sibling

Historical information relating to other siblings of any of the above

**\* Reason for Referral (If any of the above boxes are checked, please include full details)**

**Reasonable checks: (Must be completed)**

|  |  |
| --- | --- |
| Please list all action you have taken to establish whereabouts of this child since date child/children last seen.  Include dates of all phone calls, letters, home visits, referral to Borough School Attendance, MASH and Police referrals. | |
|  | Click or tap to enter a date. |
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**Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Organisation |  |
| Email |  | Telephone |  |

**Completed forms to be emailed to:** [**cme@cognus.org.uk**](mailto:cme@cognus.org.uk)

Document: Children Missing Education – Referral Form

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Intended Audience:

Classification:Restricted - Information relating to Children and Young People or key business documents