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| **Children Missing from Education (CME) School Referral Form** |
| **Please provide as much information as possible in order to assist with our further investigations.** |

Appendix A

We will use the information within this form to record, give advice and follow the Children Missing Education, statutory guidance for local authorities**.** As part of this, the local authority may need to share your information provided with other Local Authorities and services. Any other information provided subsequently, whether by meeting, phone, fax or mail, might also be used for this purpose.More information on how we handle personal information and your rights under the data protection legislation can be found in the local authority’s Privacy Notice.

**Section 1**

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| Name of School | Contact person in school | Position |
|  |  |  |
| Contact details: | | |
| Date form completed: | | |

**Section 2**

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| --- | --- | --- | --- | --- |
| **Pupil Details:** | | | Address: | |
| Forename | | |
| Middle Name(s) | | |
| Surname | | |
| DOB | | | Last known address | |
| Alias | | |
| Unique Pupil Number | | |
| Unique Identification Number | | |
| Gender | | | Previous Addresses | |
| Year Group | | |
| Ethnicity | | |
| Date child last attended school: | | |
| Does the child speak English? | | |
|  | | | | |
| Sibling details: | | | | |
| Name | DOB | Address | | School |
|  |  |  | |  |
| Do you consider these children to be CME cases as well? YES / NO | | | | |

**Section 3**

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| **Parent/carer details: ( Please include all contact information held by the school)**  **Name:**  **Relationship to child:** | |
| Contact details: |  |
| Landline: |  |
| Mobile: |  |
| E-mail: |  |
| Family’s first/home language: |  |
| Is an Interpreter required? |  |

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| --- | --- |
| **Parent/carer details: ( Please include all contact information held by the school)**  **Name:**  **Relationship to child:** | |
| Contact details: |  |
| Landline: |  |
| Mobile: |  |
| E-mail: |  |
| Family’s first/home language? |  |
| Is an Interpreter required? |  |

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| **Other contact information held by School: Relatives etc** | |
| Contact 1:  Name, Address & telephone number |  |
| Contact 2:  Name, Address & telephone number |  |
| Other Agency Details: | |

**Section 4**

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| **Is this child:** |
| A Looked After Child? YES/NO    Gypsy, Roma or Traveller? YES/NO    A Refugee or Asylum Seeker? YES/NO    Living in temporary accommodation YES/NO    Subject to a Child Protection Plan? YES/NO    An open case to Children’s Social Services YES/NO    Name of Social Worker: |

**Section 5**

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| What are your concerns for the welfare of this child as a result of this referral including attendance and behaviour? |

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| Do you have any reason to be concerned that any of the following may be relevant in this case? (If answered Yes please give details) |
| Risk of child sexual exploitation (CSE) YES/NO |
| Risk of child being missing/running away from home. YES/NO |
| Risk of child trafficking. YES/NO |

**Section 6**

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| **What is the primary reason for referring this child to your CME?** | **Please indicate as appropriate.** |
| Child has failed to take up a place at your school |  |
| Child’s whereabouts are unknown |  |
| Parent is fleeing domestic violence |  |
| Child/ family is reported to have left the area |  |
| Child is reported to have left the UK with/without parents / carers (please complete section 8) |  |
| Child has failed to return from an agreed holiday in term time |  |
| Child has failed to return from an unauthorised holiday in term time |  |
| Parents have taken child out of school for an extended period without school agreement |  |
| Child has failed to return after summer holidays and whereabouts are unknown. |  |

**Section 7**

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| **Prior to submitting CME paperwork, School to:** | **Please indicate as appropriate.** |
| Ask the friends of missing pupils for any current information |  |
| Check emergency contact number |  |
| Check free school meals database |  |
| If a voluntary aided school, check with the priest |  |
| Check records to see if there are siblings at another school - ring school |  |
| Check with the School Nurse |  |

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| **A home visit must be undertaken before this form is submitted. Please provide full details of any contact/attempted contact with the family.** |
|  |

Section 8

|  |  |  |  |
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| **Information required for children leaving / left the UK** | | | |
| Please try and provide as much of the following information as possible, especially in cases where you have an indication of an intention for the family/child to leave the UK. Please give consideration to the possibilities of forced marriage, that those presenting themselves as parents/family/carers are not genuine, child trafficking, child sexual exploitation or that the child (ren) may not be leaving the country as reported. | | | |
| Proposed date of departure from UK | | |  |
| Actual date of departure (if already left) | | |  |
| Point of departure- airport, coach station etc. | | |  |
| Time of departure | | |  |
| Flight numbers and name of airline | | |  |
| Have you seen copies of the tickets? | | |  |
| Please attach copies of tickets if possible | | |  |
| What country are they returning to? | | |  |
| **Who is leaving the UK (please tick all that apply)** | | | |
| Mother | | |  |
| Father | | |  |
| Other siblings that are not part of this referral | | |  |
| Extended family (please give details) | | |  |
| **If child (ren) is not leaving with parent(s) who is accompanying them?** | | | |
| What is their relationship to the child? | | | |
| Why is / are the parent (s) not leaving with the child (ren)? | | | |
| Who will be caring/ responsible for the child (ren) | | | |
| Please obtain | | | |
| Name |  | | |
| Relationship to the child: |  | | |
| Address: |  | | |
| Contact number: |  | | |
| Email: |  | | |
| **Details of school(s) child (ren) will be attending or applying to** | | | |
| Address: | | Email: | |
| Contact Number: | | Website: | |
| Do you have any concerns re any of the following; | | | |
| Safety of the child(ren): YES/NO | | | |
| The reason given for leaving the UK: YES/NO | | | |
| That the information given is not accurate YES/NO | | | |

**Please submit this form to:** [**CME@Coventry.gov.uk**](mailto:CME@Coventry.gov.uk)

**Education Entitlement**

**Floor 9**

**Friargate**

**02476 975434**