

## Children Missing Education (CME) Team – Referral Form September 2016

Please complete this form in full. Schools **must not** remove a child from roll until written authorisation from the Local Authority has been received.

**Part 1 – To be completed by the school the child is on roll at.**

### Section 1

<b>Name of school:</b>	<b>Contact person in school:</b>	<b>Position:</b>
<b>Telephone Number:</b>	<b>Email Address:</b>	<b>Date Submitted by School:</b>

### Section 2

<b>Pupil details:</b>	<b>Address in Leeds:</b>	
<b>Forename</b>		
<b>Middle name(s)</b>		
<b>Surname</b>		
<b>Alias</b>		<b>Address pupil is moving/has moved to:</b>
<b>DOB</b>		
<b>UPN</b>		
<b>Ethnicity</b>		
<b>Date child last attended school:</b>		

<b>Details of previous school/s child has attended :</b>	
<b>School Name:</b>	<b>Address:</b>
<b>School Name:</b>	<b>Address:</b>

<b>Details of school(s) child(ren) will be attending or applying to :</b>	
<b>School Name:</b>	<b>Address:</b>
<b>Email:</b>	<b>Contact number</b>

<b>Sibling details (press enter to add further sibling information):</b>		
<b>Name</b>	<b>DOB</b>	<b>School</b>
<b>Do you consider these children to be CME cases as well?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If not please explain why</b>		

Please see the CME Form Guidance Document for information on where to send this referral form.  
For advice or urgent referrals please contact the CME team on 0113 2475276.

### Section 3

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	Yes <input type="checkbox"/>
Child's whereabouts are unknown	Yes <input type="checkbox"/>
Parent is fleeing domestic violence	Yes <input type="checkbox"/>
Child/family is reported to have left the area	Yes <input type="checkbox"/>
Child is reported to have left the UK with parents/carers (please complete section 6)	Yes <input type="checkbox"/>
Child is reported to have left the UK without parents (please complete section 6)	Yes <input type="checkbox"/>
Child has failed to return from an agreed holiday in term time	Yes <input type="checkbox"/>
Child has failed to return from an unauthorised holiday in term time	Yes <input type="checkbox"/>
Parents have taken child out of school for an extended period without school agreement	Yes <input type="checkbox"/>
Child has failed to return after summer holidays <u>and</u> whereabouts are unknown	Yes <input type="checkbox"/>

### Section 4

Parent/carer details: (Please include all contact information held by the school)		Other contacts	
Name:		Extended family members (please indicate relationship to child):	
Address:			
Contact Number/s			
Email:			
Relationship to child:		Friends/other contacts:	
Does this person have Parental Responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Name:			
Address:		GP Contact Details (if known)	
Contact Number/s			
Email:			
Relationship to child:			
Does this person have Parental Responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Family's first/home language:		Does the child speak English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do parents speak English?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If Yes, what language?	

### Section 5

Are there any known concerns to staff safety in visiting any of the above addresses or from any of the contacts detailed? Yes <input type="checkbox"/>
Details

Please see the CME Form Guidance Document for information on where to send this referral form.  
For advice or urgent referrals please contact the CME team on 0113 2475276.

Details of enquiries made		
Phone calls to	from	Dates
		Details
Home visit(s) made? Yes <input type="checkbox"/>		Dates      Details
Spoke to neighbours? Yes <input type="checkbox"/>		Dates      Details
Letter(s) sent? Yes <input type="checkbox"/>		Dates      Details
Spoken to Childs' and/or parents' friends, class teachers etc? Yes <input type="checkbox"/>		Dates      Details
Additional comments/concerns		
Please provide any additional information, comments etc. you feel are relevant and may be useful.		

### Section 6

Information required for children leaving/left the UK.	
<b>Please try and obtain/provide as much of the following information as possible, especially in cases where you have had 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.</b>	
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 tickets?	Yes <input type="checkbox"/>
Please attach copies of tickets if possible	Yes <input type="checkbox"/>
What country are they returning to?	

Who is leaving the UK (please tick all that apply)	
Mother	Yes <input type="checkbox"/>
Father	Yes <input type="checkbox"/>
Other siblings that are not part of this referral	Yes <input type="checkbox"/>
Extended Family (please give details)	Yes <input type="checkbox"/>
Details	
If child 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 see the CME Form Guidance Document for information on where to send this referral form.  
For advice or urgent referrals please contact the CME team on 0113 2475276.

**Part 2 – To be completed by the school's Designated Child Protection Officer.  
Referrals will NOT be accepted and the pupil will remain your school's responsibility if this section is not completed.**

**Section 7**

Is this child:			
A looked after child	Yes <input type="checkbox"/>	Gypsy Roma/Traveller	Yes <input type="checkbox"/>
Subject to a child protection plan	Yes <input type="checkbox"/>	A refugee or asylum seeker	Yes <input type="checkbox"/>
An open case to children's social work services (CSWS)	Yes <input type="checkbox"/>	Living in temporary accommodation	Yes <input type="checkbox"/>
If you have ticked Yes to any of the above please provide further details			

Have there been any safeguarding/child protection concerns raised for this child?	Yes <input type="checkbox"/>
Have there been any attendance and/or behaviour issues?	Yes <input type="checkbox"/>
If you have ticked Yes to any of the above please provide further details	

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 <input type="checkbox"/>
Radicalisation of the child and/or extended family members?	Yes <input type="checkbox"/>
Female Genital Mutilation of the child and/or extended family members?	Yes <input type="checkbox"/>
Modern Day Slavery of the child and/or extended family members?	Yes <input type="checkbox"/>
Forced Marriage of the child and/or extended family members?	Yes <input type="checkbox"/>
Domestic Violence of the child and/or extended family members?	Yes <input type="checkbox"/>
Honour Based Violence of the child and/or extended family members?	Yes <input type="checkbox"/>
Human Trafficking of the child and/or extended family members?	Yes <input type="checkbox"/>
Neglect of the child and/or extended family members?	Yes <input type="checkbox"/>
Risk of child being missing/running away from home	Yes <input type="checkbox"/>
Risk of the child being involved in criminal behaviour and/or behaviour that may pose a danger to themselves or others	Yes <input type="checkbox"/>
<b>Do you have any safeguarding concerns for this child(ren) as a result of this referral?</b>	<b>Yes <input type="checkbox"/></b>
If you have ticked Yes to any of the above please provide further details	

Name of Designated Officer completing this section	Contact Details
Please tick to confirm that all information provided is accurate to the best of your knowledge. Yes <input type="checkbox"/>	

Please see the CME Form Guidance Document for information on where to send this referral form.  
For advice or urgent referrals please contact the CME team on 0113 2475276.

### Part 3 – To be completed by the Attendance Improvement Officer

The Attendance Improvement Officer is responsible for submitting the fully completed referral

#### Section 1

Date enquiries started	Date enquiries completed	Date referred to CME

#### Section 2

Please ensure that Parts 1 and 2 of the referral are fully completed. If any parts are blank please request the school to update and resubmit the form.

#### Section 3

Enquiries made
Please check for other siblings, addresses, contact details, telephone numbers, e mails etc. and follow these up. Where school has made a home visit please make a second home visit to ensure the correct address(es) is/are visited and to verify the outcome.

Name of AIO completing this section	Contact Details
Please tick to confirm that all information provided is accurate to the best of your knowledge. Yes <input type="checkbox"/>	
Either tick here if information is on Synergy <input type="checkbox"/>	

Or complete the following details:	
Details of enquiries made	
Phone calls to	from
	Dates
	Details
Home visit(s) made?	Dates
Yes <input type="checkbox"/>	Details
Letter(s) sent?	Dates
Yes <input type="checkbox"/>	Details
Spoken to Childs' and/or parents' friends, class teachers etc?	Dates
Yes <input type="checkbox"/>	Details

Please see the CME Form Guidance Document for information on where to send this referral form.  
For advice or urgent referrals please contact the CME team on 0113 2475276.