**CONFIDENTIAL**

**First 1-20 school days of absence or 10 days unauthorised absence following Leave of Absence and whereabouts are unknown — expected reasonable enquiries to be taken by school BEFORE completing and submitting this referral form are below.**

**If you are unsure whether your concern meets the criteria for referral, please read the guidance notes at the bottom of the form in the first instance.**

**\*\*Any identified safeguarding concerns MUST be referred into Family Connect\*\***

· Daily telephone calls to all known contacts whilst the child is absent

· Contact with other schools where siblings are registered

· Frequent home visits where safe to do so taking into account surroundings:

- are curtain open/closed

- has post been picked up

- is there a car parked on the drive

- does there appear to have been movement/changes since you last visited e.g. windows opened/closed etc

- calling card left if no answer

- enquire with neighbours

· Do any of the child’s friends have current contact

· Enquire with any other agencies/services known to have involvement with the family

· Recorded delivery letters to the home

· Record all actions undertaken by way of a chronology

**If all the above has been undertaken and the child’s whereabouts still remain unknown — please proceed with referral into CME.**

Please complete ALL boxes below with as much accurate information as possible. Incomplete forms may be returned back for additional information and delay the Local Authority being able to undertake their own lateral checks.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S DETAILS** | | | | | | | | |
|  | | | | | | | | |
| **Surname:** |  | | | | **First name:** | |  | |
| **DOB:** |  | | **Gender:** | |  | | **UPN:** | |
| **Last known address:** | |  | | | | | | |
| **Future address (if known)** | |  | | | | | | |
| **Parent contact details to include all contact numbers and email addresses** | |  | | | | | | |
| **Please indicate:** | **Child Looked After**  **Child Protection**  **Child in Need**  **Early Help** | | | **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO** | | **Gypsy, Roma, Traveller**  **EHCP**  **Known SEN**  **Interpreter required** | | **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCHOOL DETAILS** | | | | |
|  | | | | |
| **Date of referral:** |  | **Name of School:** | |  |
| **Name of referrer:** |  | | **Position:** |  |
| **Contact number:** |  | | **Email:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRAL DETAILS** | | | | |
|  | | | | |
| **Last date of child’s attendance:** | | |  | |
| **SCHOOL CHECKS UNDERTAKEN TO DATE** | **DATES (LIST ALL)** | | | **OUTCOME** |
| Phone calls home |  | | |  |
| Home visits |  | | |  |
| Letters sent (recorded delivery) |  | | |  |
| Sibling school contacted |  | | |  |
| Emergency contacts phoned |  | | |  |
| Contact with other agencies/professionals |  | | |  |
| **ANY OTHER SERVICES INVOLVED** | | | | |
|  | | | | |
| **SERVICE** | | **Yes or No** | | **NAMED CONTACT** |
| Warwickshire Attendance Service | | YES / NO | |  |
| Flexible Learning Team | | YES / NO | |  |
| SENDAR | | YES / NO | |  |
| EMTAS | | YES / NO | |  |
| Youth Offending Team / Youth Justice | | YES / NO | |  |
| Behaviour Team | | YES / NO | |  |
| **SAFEGUARDING** | | | | |
|  | | | | |
| **Risk Assessment (are there any known safeguarding risks to the child, are they open on CP/CIN)\*** | | | **Yes / No**  **Brief Details:** | |
| ***\*Please ensure that any safeguarding concerns are reported to the Front Door immediately\**** | | | | |
| **OUTLINE CURRENT CIRCUMSTANCES** | | | | |
|  | | | | |
| **Any other additional concerns or information to be shared that is relevant:**  **Are there any known reasons for not visiting the home alone? If yes, please detail below:** | | | | |

**Please send your completed form to** [**cme@warwickshire.gov.uk**](mailto:cme@warwickshire.gov.uk) **via secure email**

**Guidance Notes**

* This form to be used for reporting children of statutory school age who have been absent from school for 20 consecutive days without authorisation or have not returned after 10 days following a leave of absence, and despite the required checks undertaken by school, the child’s whereabouts remain unknown.
* **This form is NOT to be used for children who have been absent for 20 consecutive school days and their whereabouts are known or they have not moved from their resident address.**
* All education providers have a duty to undertake reasonable enquiries into the whereabouts of pupils who meet the criteria for this referral form. The expected reasonable enquiries are detailed at the start of this form, and also on the [CME Referral Flow Chart for Schools](https://warwickshiregovuk-my.sharepoint.com/personal/clairemallett_warwickshire_gov_uk/Documents/Documents/Desktop/CME/March%202025%20revisions/1.%20CME%20school%20referral%20flowchart%20May%202025%20FINAL.pdf)
* Where a child can not be located, and the Local Authority and School have undertaken ***joint***reasonable enquiries, the Local Authority will notify the school when the child can be removed from roll and the date to be used. The child is NOT to be removed before this.
* Any identified safeguarding concerns that arise must be reported to Family Connect immediately.

**Your Information Rights**

To see how we use your personal data, and what your information rights are, please read our overall customer privacy notice at [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy) which includes the contact details for if you have a complaint about your information rights. For general enquiries, please contact Warwickshire County Council Customer Services on 01926 410410 or [www.warwickshire.gov.uk/privacyedu](http://www.warwickshire.gov.uk/privacyedu)