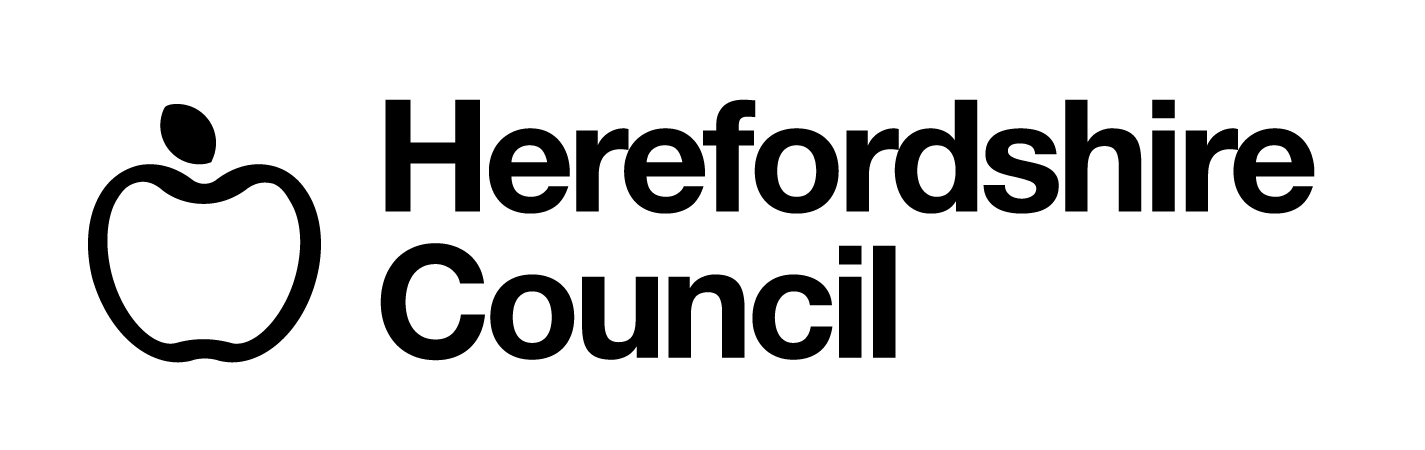
**

Children Missing Education Referral Form

**Schools** – Please complete parts 1 & 2. **Other** – Please complete part 1 only

**PART 1**

| **Child’s details** | | | |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forename(s)** |  | **Gender** | Male/female | | | |
| **Surname** |  | **UPN** |  | | | |
| **AKA** |  | **Year group** |  | | | |
| **Date of Birth** |  | **Specific information** | CIN/CP/EHA/SEN/EHC  LAC-please indicate placing authority: | | | |
| **Ethnicity** |  | **First language** |  | | | |
| **Address** |  | **Postcode** |  | | | |

| **Parent/carer’s details** | | | |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forename(s)** |  | **Forename(s)** |  | | | |
| **Surname** |  | **Surname** |  | | | |
| **Relationship** |  | **Relationship** |  | | | |
| **Phone** |  | **Phone** |  | | | |
| **Mobile** |  | **Mobile** |  | | | |
| **Email** |  | **Email** |  | | | |
| **Address (if different)** |  | **Address (if different)** |  | | | |
| **Postcode** |  | **Postcode** |  | | | |

| **Any known sibling’s details**  (please copy and paste this section for each sibling) | | | |
| --- | --- | --- | --- |
| **Forename(s)** |  | **Gender** | Male/female |
| **Surname** |  | **UPN** |  |
| **AKA** |  | **Year group** |  |
| **Date of Birth** |  | **Specific information** | CIN/CP/CAF/SEN/EHC  LAC-please indicate placing authority: |
| **Ethnicity** |  | **First language** |  |
| **Address(if different)** |  | **Postcode** |  |

| **Current school information** | | | |  |  |
| --- | --- | --- | --- | --- | --- |
| **School** |  | **Tel. No.** |  | | |
| **Address** |  | **Email address** |  | | |
| **Last date attended** |  | **Reason for leaving** |  | | |

| **Details of Referral**: Please include as much information as possible. |
| --- |

| **Name of referrer** | **Organisation Name** | **Position of referrer** |
| --- | --- | --- |
|  |  |  |
| **Contact No.** | **Email address** | |
|  |  | |
| **I have read and followed the CME guidance** | | |

**PART 2**

**If this is a school referral – Please complete this section also**.

| ABSENCE DAYS- 1-10- ACTION TAKEN BY SCHOOL | | |
| --- | --- | --- |
|  | Date | Outcome |
| 1st day contact |  |  |
| CME safeguarding checklist completed. (refer to guidance) |  |  |
| 2nd day contact &  Emergency contact numbers |  |  |
| Letter to Parent/carer |  |  |
| School Attendance Officer informed |  |  |
| Enquiries of wider school community E.G. Staff, pupils, friends |  |  |
| Home visit |  |  |
| Any other relevant information. |  |  |

Please ensure all parts of the form are completed. Incomplete forms will be not be accepted.

Please return the forms, using one of the following methods:

* a secure email : [cme@herefordshire.gov.uk](mailto:cme@herefordshire.gov.uk)
* **anycomms+** to Herefordshire Council *‘children missing education’*
* Referrals may also be posted, but this may delay response time.

Admissions and CME Officer

Plough Lane, Hereford, HR4 0LE