** Directorate for Children,**

**Young People and Families**

**FORM CR1 (Child Missing Education)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE TRY TO COMPLETE ALL SECTIONS OF THIS FORM | | | | | | | | | | | | | | | | |
| **Date referral made**: | | | | | | | | | | | | | | | | |
| **Pupil Surname:**  **Alias:** | | | | | | | | | | **Pupil First Name :**  **Pupil Middle Name:** | | | | | | |
| **Date of Birth:** | | | | | | | | | | **UPN No (If Known) :** | | | | | | |
| **Address: Current 🞏 Last Known 🞏**    **Post code :** | | | | | | | | | | | Names of parents / guardians (full names please)  DOB if known  **1. …………………………………..………….**  **2. …………………………………………….**  **Relationship to child:…………………………** | | | | | |
| **Contact No Home:** | | | | | |
| **Contact No Mobile:** | | | | | |
| **Any Other Contact No’s:** | | | | | |
| **Are there any known concerns related to staff safety in visiting this family/address: YES 🞏 No 🞏** | | | | | | | | | | | | | | | | |
| **Ethnicity:** | | | **Gender:** | | | | | | | | | **Year Group:** | | | | |
| **Name of School:**  **Contact name in school:** | | | | | | | | | | | | | | | | |
| **On Roll:** **YES 🞏 No 🞏** | | | | | **Is this the current school** **🞏 OR Last known school 🞏** | | | | | | | | | | | |
| **Date last attended school:** | | | | | | | | | | | | | | | | |
| **Is this child / young person currently: (please tick if known)** | | | | | | | | | | | | | | | | |
| Looked After? | | | |  | | | | | A Refugee/ Asylum Seeker? | | | | | |  | |
| Subject to a Child Protection plan? | | | |  | | | | | From a Travelling Family? | | | | | |  | |
| In Temporary Accommodation? | | | |  | | | | | Subject to a CAF? | | | | |  | | |
| **Are any of the following agencies known to be currently involved with this child / family? (please tick)**  (please can you provide contact names and telephone numbers on the additional comments box overleaf) | | | | | | | | | | | | | | | | |
| Social Care (Social Services) | | | | | |  | | | | | Education Psychology | | | | |  |
| Education Welfare | | | | | |  | | | | | School Nurse (when was the child last seen?) | | | | |  |
| CAMHS | | | | | |  | | | | | Youth Offending Team | | | | |  |
| Other ( please detail) | | | | | | | | | | | | | | | |  |
| **Please provide** **details of any siblings below (if known) –** only those of compulsory school age | | | | | | | | | | | | | | | | |
| **Name** | **DOB** | | | | | | | **School** | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | |
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| **ADDITIONAL CONCERNS / COMMENTS: -** Please add more info on an additional sheet if required | | | | | | | | | | | | | | | | |
| **Recent action taken by school/ referrer** | | | | | | | | | | | | | | | | |
|  | | YES | | | | | NO | | | | **Dates / Details** | | | | | |
| **Telephone calls made** | |  | | | | |  | | | |  | | | | | |
| **Letters sent (please attach copies)** | |  | | | | |  | | | |  | | | | | |
| **Home visits made** | |  | | | | |  | | | |  | | | | | |
| **Name of referrer :** | | **Service :** | | | | | | | | | | | **Contact no :** | | | |
| **Signed ……………………………………………… Date …………………….…** | | | | | | | | | | | | | | | | |
| **Please send this referral form to:** to [CME@barnsley.gov.uk](mailto:CME@barnsley.gov.uk) **Tel: 01226 773545 SEND BY EGRESS** | | | | | | | | | | | | | | | | |