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### scc294square-A3 (002)Appendix 1: NOTIFICATION OF CHILD MISSING EDUCATION

**This form should be sent to the CME Officer promptly when:**

* **A child of statutory school age goes missing from education.**
* **A child of statutory school age is discovered as having no education provision.**
* **A child of statutory school age is planning to leave your school with no forwarding information.**

**Please include as much information as possible.**

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| **Privacy Notice** | | | | |
| Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.  The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law.   The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.  More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request. | | | | |
| **Name of child/ren**  Click here to enter text. | | | **DoB**  Click here to enter a date. | |
| **Name & designation of person with PR** | Click here to enter text. | | **Tel:** | Click here to enter text. |
| **Last known address & telephone number**  Click here to enter text. | | | | |
| **School**  Click here to enter text. | | | **Date of last attendance**  Click here to enter text. | |
| **Area child has moved to (if known)?**  Please include the forwarding address for the family, if you have this information. Click here to enter text. | | | | |
| **Details of known siblings & schools on roll at**  Click here to enter text. | | | | |
| **Known risk factors for child**  Click here to enter text. | | | | |
| **Known risk factors for staff (e.g Two staff to visit)**  Click here to enter text. | | | | |
| **Unless outcomes are recorded for each of the steps below, referrals will not be accepted.** | | | | |
| **Action Taken** | | **Outcome** | | |
| **Contact with parents/guardians by telephone** | | Click here to enter text. | | |
| **Send Truancy Call (if this system is available)** | | Click here to enter text. | | |
| **Telephone any other person with parental responsibility** | | Click here to enter text. | | |
| **Telephone all other emergency contact numbers** | | Click here to enter text. | | |
| **Contact schools known to have siblings on roll** | | Click here to enter text. | | |
| **Enquire of school staff or other pupils** | | Click here to enter text. | | |
| **Enquire of any professionals working with the family** | | Click here to enter text. | | |
| **Letter to be sent to the home address** | | Click here to enter text. | | |
| **HOME VISIT TO BE CARRIED OUT**   * **Please tick the relevant box and include full details in the free text field below.** | | **Property empty i.e. no signs of occupancy.** Please include your rationale for believing this to be the case. | | |
| **Current residents do not know the family** – please ask how long they have been living at the property. | | |
| **Current residents confirm the family have left** i.e. some knowledge of the family you are looking for – please ask if they have an idea of the whereabouts of the family you are looking for and how long they have been living at the property. | | |
| **Neighbour confirms family have left –** please provide details where the neighbour believes the family may have gone to and when. | | |
| **No response to the door, note left, no response to this note** – please confirm date of visit so we know how long has been allowed to respond to the note. | | |
| Click here to enter text. | | | | |
| **Additional comments** Click here to enter text. | | | | |

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| **Referred by** | Click here to enter text. |  | Eliza Theobald-Morgan  Children Missing Education Officer  Southampton City Council  Civic Centre  Southampton SO14 7LY  (023) 8083 3666  **eliza.theobald-morgan@southampton.gov.uk**  **Send via AnyComms to ‘Children Missing Education’** |
| **Contact tel.** | Click here to enter text. |
| **Date** | Click here to enter text. |
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