

**Annex 1 – EHE FCS SMT Agreed 090718**

Safeguarding Form - Elective Home Education						
Pupil details as held on school record						
School						
Surname/Legal Surname				Forename		
Middle name			Chosen name			
Date of Birth			Gender	<input type="checkbox"/> F	<input type="checkbox"/> M	Year
Address						
Post Code			Admission Date			Leaving Date
Reason for Leaving	<input type="checkbox"/> Awaiting placement		<input type="checkbox"/> Bullying		<input type="checkbox"/> Moved out of county	
	<input type="checkbox"/> Lifestyle		<input type="checkbox"/> Not known		<input type="checkbox"/> Other	
Please give details: _____						
<b>IS THERE A SAFEGUARDING CONCERN? (IF YES PLEASE COMPLETE BOX BELOW)</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES		<b>Are parents aware of your concerns?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES
Details of any safeguarding or child protection concerns, including dates of any referrals to Children's Social Care						

Parents/Carers contact details as held on school record			
Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1		Tel  Mobile	Tel  Email
2		Tel  Mobile	Tel  Email
Other Agencies involved			
Please indicate with a tick if the following agencies are involved with the student			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adolescent Mental Health services		<input type="checkbox"/>	<input type="checkbox"/>
Details of involved Agencies (name and contact telephone numbers)			
Does the student have a Statutory EHCP	<input type="checkbox"/>	<input type="checkbox"/>	SEN Start Date
In LA Care?	<input type="checkbox"/>	<input type="checkbox"/>	Care Authority
Is there a registered CAF for the student?	<input type="checkbox"/>	<input type="checkbox"/>	CAF lead professional
If you are the lead professional who will assume this role when the child starts EHE?			
Contact details of the new lead professional			
Ethnicity		Home Language	Religion

Author: \_\_\_\_\_ Version: \_\_\_\_\_ Date: \_\_\_\_\_ Page No: \_\_\_\_\_

**Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE**

<b>Headteacher's signature</b>		<b>Date</b>	
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**Author:** \_\_\_\_\_ **Version:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Page No:** \_\_\_\_\_

Mal Munday, Head of Early Help

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