Annex 1 – EHE FCS SMT Agreed 090718

Safeguarding Form - Elective Home Education							
Pupil details as held on school record							
School							
Surname/Lega Surname	1			Forename			
Middle name			Chosen name	_	I		
Date of Birth			Gender	FM	Year		
Address		i					
Post Code		Admiss	ion Date	Le Da	aving ate		
Reason for Leaving	Awaiting placement Lifestyle Please give deta] [Bullying Not known	Moved of county	out of		
IS THERE A SAFEGUARDING NO Are parents aware of your NO <u>CONCERN?</u> YES Concerns? YES (IF YES PLEASE COMPLETE BOX BELOW) YES YES 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/Relat	ionship	D Home Address/Phone/Mobile/Fax			N	Work Address Phone/Email				
1			Tel				T	el			
			Mobile				E	mail			
2			Tel				Т	el			
			Mobile				E	mail			
			Other Age	enci	es invo	olved					
Please in	dicate with a	tick if the	following agencie	s ar	e invol	ved with	the	student			
Educatio	onal Psycholo	gist Ec	ducation Welfare		Socia	l Care			Y	outh Offe	nding
Child and Adolescent Mental Health services SEND Health Other						Other					
Details of involved Agencies (name and contact telephone numbers)											
Does the student have a Statutory YES			YES	N	C	SEN Sta	art I	Date			
In LA Cai	In LA Care?										
Is there a registered CAF for TES NO CAF lead professional the student?											
If you are the lead professional who will assume this role when the child starts EHE?											
Contact details of the new lead professional											
Ethnicity		Но	ome Language					Religio	n		

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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					
Headteacher's signature		Date			

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