

**EDUCATION WELFARE SERVICE - REFERRAL FORM**

**School Name: Date of referral:**

**Is this a re-referral: Yes/No**

 **Is this child Looked After (subject to care proceedings): Yes/No**

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| **First Name** |  | **Known as:** | **Year Group** |
| **Surname** |  | **Date of Birth** | **M / F** |
| **EWO** |  | **FSM Y / N** |
|  **This form has been submitted by:** | **Designation/Role**  |

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| **Please provide names and addresses of those who have Parental Responsibility****(e.g. both parents if living apart, Social Services)** |
| **Parent/Carer Name (s)** |  |
| **Home address** |  |
| **Home telephone number** |  |
|  |  |
| **Parent/Carer Name (s)** |  |
| **Home address** |  |
| **Home telephone number** |  |
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| **ATTENDANCE INFORMATION AND ACTION TAKEN BY SCHOOL** |
| **For this referral to be accepted by the Education Welfare Service you must have exhausted all procedures to address concerns regarding attendance, this is in line with the school’s attendance policy and Welsh Government All Wales Attendance Framework.** |
| **Is this 4th day of absence with no contact from home? Y /N** |
| *( If yes, please confirm that all contact details, including emails held on SIMS have been tried with no success)* |
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| **% Attendance at date of referral** |
| Has the school followed the All Wales attendance process? Yes / No |
| *If no why not?*  |
| Date letter 1 sent to parent/carer |  |
| Date letter 2 sent to parent/carer |  |
| Date of meeting to discuss attendance concerns with parent/carer |  |
| If parent/carer did not attend why not? |  |
| Any other action taken: *(eg: telephone conversations, visits to the home)* |
| Can you give details of the concerns preventing the child from attending school on a regular basis.(eg: Issues within the home, any health needs or ongoing medical issues? Any mental health concerns? Any drug or alcohol issues with the parent/s? Parent/s failing to engage?   |
| What support mechanisms have school used in an attempt to resolve the issues before submitting a referral to the EWS.  |
| If the majority of the absence has been recorded as illness has the school asked for medical evidence:  |
| **OTHER AGENCIES INVOLVED ( Please state agency and contact details)** |
| Educational Psychologist | CAMHS |
| Families First | Social Services |
| Other: |

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| **RISK OF HARM** |
| Is the young person at risk of exploitation/county lines | Y / N  |
| *If yes, please state reason:* |
| Are there known domestic abuse / honour based abuse allegations / Police reports we should be aware of? | Y/ N |
| *If yes, please provide details:* |
| Do you know of any risks associated with visiting the family at home? Y /N*(If Yes - Please include any Health and Safety issues present in the family and if there are any concerns about an officer visiting the house alone.)* |
| **Please email the referral to your EWO** |

*(Office use only)*

Date received by Education Welfare Service:

Referral open date:

Referral closed date:

PLEASE ALSO BE AWARE THAT THIS REFERRAL MAY RESULT IN ENFORCEMENT ACTION BEING TAKEN AGAINST THE PARENT/S IN CERTAIN CIRCUMSTANCES IF THERE IS EVIDENCE TO DO SO.