

## **Education Welfare Pupil Referral Form**

Academic Year 2019 - 2020	RAG
Pupil's Name:	DOB:
	M/F:
Parent/Carer's name:	Address:
dob:	
Telephone no:	
Parent/carer's name:	Address:
dob:	
Telephone no:	
School:	
Address:	
	Telephone no:
Year Group:	Unique Pupil no:
Ethnic origin:	SEN:
Medical Needs:	LAC: YES/NO
Please indicate if the pupil has :	
Pupil Premium	
Early Help Assessment	
Child in need plan	
Social Care involvement	
	for absence, additional classroom support, alternative
provision.	
Current Attendance: %	

EVIDENCE OF SCHOOL/PROVIDER ACTIONS	
Please ensure the following paperwork, where relevant, is attached to this referral. It will not be possible to process the referral without it and it will be returned to the school.	
Registration certificate Letters to parents	
Records of meetings held with parents	
Records of home visit made by Support Worker Referral to other agencies	
I confirm that the school will not routinely authorise any further absences without justifiable evidence and that parents have been advised of the fact that this referral has been made to Education Welfare	
Contact person:	
Education Welfare Officer:	
Date:	
IMPORTANT: CONFIDENTIALITY SHOULD BE OBSERVED AND COMPLETED FORMS PLACED ON THE PUPIL'S FILE. THIS FORM MAY BE SHOWN TO THE PARENT/GUARDIAN AND COULD BE USED AS EVIDENCE IF COURT ACTION IS TAKEN.	
To prevent delay, it is important that the referral form is completed in full and appropriate evidence provided. You will need to ensure the information is accurate including full names, address and dob of parents/carers. The GDPR provisions do not apply to personal data where disclosure of the data is necessary for the purpose of, or in connection with, legal proceedings (including prospective legal proceedings) or statutory duties, nor does it prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.	

Please submit referral form to: educationwelfare@northumberland.gov.uk