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| Essex County Council Section 19 Request Form |

In line with GDPR (General Data Protection Regulations) regulations, please send this form via a secure email (password removed) subject line stating S19 and pupil initials in the subject field.

You must ensure that this document has been signed by parent/carer. All other electronic signatures will be taken as full permission to progress this referral

This form should be completed in full to support triage.

Completion of this form does not guarantee an Alternative Provision Pathway

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# Referrer details

|  |  |
| --- | --- |
| Completed by)  |   |
| Role/designation orParent/Carer |   |
| Organisation |  |
| Email:  |   |
| Contact telephone number:  |  |
| Date  |  |
|  Have you read Essex County Council’s Section 19 ‘Otherwise’ guidance? |   |

# Child’s details

|  |  |
| --- | --- |
| **Surname (capitals)** |  |
| **Forename(s)** |  |
| **Date of Birth** |  |
| **Current Year Group** |  |
| **UPN** |  |
| **Gender** |  |
| **Current education setting** |  |
| **Essex Quadrant NE/Mid/South/West** |  |
| **Nationality** **Home Language** |  |
| **Free School Meals**  |  |
| **Pupil Premium**  |  |
| **Previous education setting or settings** |  |
|  **Name of Parent or Carer with parental responsibility**  |  |
| **Address (where currently living)** **Secondary Address**  |     |
| **Postcode** |  |
| **Home telephone/ mobile telephone**  |  |
| **Email Addresses** |  |
| **Nationality** |   |
| **Home Languages** |  |
| **Is the child a young carer?****Provide details** |  |

*What Support are you requesting*

*Please provide as much information as possible*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes  | No | Provide Details |
| Is the child on a school roll? |  |  |  |
| Does the child have SEND? |  |  |  |
| Is the child undergoing an EHCNA? |  |  |  |
| Does the child have an Education Health and Care Plan? |  |  |  |
| Date of last annual review |  |  |  |
| Is the child known to Essex Social care? |  |  |  |
| Is the child in care? |  |  |  |
| Is the child currently subject to permanent exclusion? |  |  |  |
| Has the child missed more than 15 school days either consecutively or cumulatively? |  |  |  |
| Is the child currently unwell and unable to access their school placement? |  |  |  |
| Are there exceptional reasons as to why the child cannot access their current education offer? |  |  |  |

# What support are you requesting?

|  |  |
| --- | --- |
| Advice and guidance | Yes ☐ |
| Alternative Provision | Yes ☐ |

*Please provide as much information as possible*

|  |
| --- |
| Please outline the child’s current circumstances |
|  |
| Through completing this referral, what do you hope the outcomes will be? Describe the expectations and/or aspirations for this referral. |
|  |
| Child background/context/behaviour.Include strengths, aspirations, areas of need, family context and significant contributing factors |
|  |
| What support has been put in place? Attach current One Plan and wider evidence.Include details of individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, and staff training,  |
|  |
| What is the impact of the support that has been put in place so far?Include any successes and areas of persistent need. |
|  |
| Please state your expected exit strategies to support reintegration If applicable. If this is not applicable, please state why |
|  |

*Please provide as much information as possible*

# Wider agency support

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Yes  | No | Name, Date of Involvement, Contact Details and outcomes |
| Inclusion Partner |  |  |  |
| Early Help Drop In |  |  |  |
| TAFSO |  |  |  |
| Attendance Monitoring Officers  |  |  |  |
| ECC Attendance Officers |  |  |  |
| Education Psychology Service |  |  |  |
| Virtual School |  |  |  |
| Health Services |  |  |  |
| School Nurse Team |  |  |  |
| Youth Offending Team |  |  |  |
| Paediatrician / Clinical Medical Officer |  |  |  |
| Child Adolescent Mental Health Services CAMHS (Child and Adolescent Mental Health Service) |  |  |  |
| Police |  |  |  |
| Any Other Intervention (for example Power, Affinity, EYPDAS (Essex Young Peoples Drug and Alcohol Service), Children’s Society)  |  |  |  |
| Essex Youth Service |  |  |  |
| Unregistered Alternative Provision |  |  |  |
| Other (please detail) |  |  |  |

# Attendance

|  |  |
| --- | --- |
| **Please detail the support first approach including any current or previous involvement from the Attendance Specialist and Compliance Team?**  |    |
| Last day of attendance |  |
| Last date pupil seen |  |
| Current attendance (Please attach attendance printout with comments) |  % |
| Percentage attendance for preceding year. (Please attach attendance printout) |  % |
| How many hours a day is the pupil attending and how long has this been in place? |  |

*Please provide as much information as possible*

# Safeguarding information

|  |  |  |
| --- | --- | --- |
| Virtual School Head aware of S19 Referral  | yes | no |
| Child in Care | yes | no |
| Special Guardianship Order | yes | no |
| Child Protection  | yes | no |
| Child in Need | yes | no |
| Family Solutions | yes | no |
| Historic Social Care involvement | yes | no |

|  |  |
| --- | --- |
| Please provide an understanding of the reason for social care involvement |  |
| Name of Social Worker(s) |  |
| Contact Telephone and Email |  |
| Local Authority |  |
| Date Social worker informed of Section 19 referral |  |

# Safeguarding Narrative

|  |  |  |
| --- | --- | --- |
| Does the school hold a Child Protection File | yes | no |
| In your professional opinion does this pupil present as a significant risk? | yes | no |

|  |  |
| --- | --- |
| Contact Details for (DSL) – name |  |
| Email and Telephone |  |
| If so, summarise your concerns referring to available evidence. | Please enter relevant safeguarding details and include information regarding any recent early help submissions  |

# Additional Views/Comment

Child

|  |
| --- |
| Please tell us some information about you. What do you like? Do you have any hobbies?What are you good at?  |
|  |
| How would you describe yourself? |
|  |
| What do you like to do outside of school? |
|  |
| Is there anything that you would like to tell us about school? |
|  |
| What are your favourite subjects? |
|  |
| When you leave school what would you like to do? |
|  |

School

Please add further information to support this referral

|  |
| --- |
| **Have you attached further evidence?****What are your concerns?** |
| **Name****Signed** **Date** |

# For referrals by Organisations

Please add further information to support this referral

|  |
| --- |
| **What steps have you taken so far?****What are your concerns?****Have you provided additional evidence?** |
| **Name****Signed** **Date** |

# Parent/Carer View

Please add further information to support this referral

|  |
| --- |
| **What do you feel the areas of need are?** |
| **Name****Signed** **Date** |

*Please provide as much information as possible*

# Additional Evidence –

please highlight additional information that has been attached to the referral (list not exhaustive, please add as much information you feel is pertinent to the referral)

|  |  |  |  |
| --- | --- | --- | --- |
| **Information from Health**  |  | **Home education failure notice** |  |
| **Student Attendance with comment report** |  | Safeguarding Summary/Concerns |  |
| **Minutes of parent carer discussions** |  | ‘Let’s talk we miss you’ toolkit |  |
| **Attainment Data/Levels** |  | Current timetable (and awarding body if KS3/KS4) |  |
| **One Page Profile** |  | Student Passport  |  |
| **One Plan records** |  | Health Information/Care Plans |  |
| **Education Health and Care Plan** |  | Suspension log |  |
| **Most recent annual review** |  | Child and Adolescent Mental Health Service (CAMHS) information |  |
| **Educational Psychology or Inclusion Partner involvement summary** |  | PEP (Personal Education Plan) |  |
| **Engagement Facilitator involvement summary** |  | PSP |  |

All information contained within this Section 19 referral form must be shared with the parent(s) / carer(s) and a signature must be obtained. Forms will be returned and not processed until a signature is obtained.