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| **Referral form for multi-agency response** |

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| Referrer: | | | | Date: | | | | | | |
| Relationship to child: | | | |  | | | | | | |
| Email: | | | | Telephone: | | | | | | |
| **Child Details** | | | | | | | | | | |
| Name: |  | | | Stud ID: | | |  | | | |
| Address: |  | | | Gender: | | |  | | | |
| Date of birth: |  | | | Age: |  | | Year: | |  | |
| Ethnicity: |  | | | School/Education provision: | | |  | | | |
| Religion: |  | | | Attendance: overall | | | %        % | | | |
| **Parent/Carer details** | | | | | | | | | | |
| Name: |  | | | Contact e-mail: | | |  | | | |
| Address: |  | | | Additional details (2nd parent contact, other significant care giver). | | |  | | | |
| Contact number: |  | | |
| LAC | CP | CIN | Pupil  Premium | TAF | | EHA | | EHC plan | | SEN support |
| No | No | No | No | No | | No | | No | | No |

Documents attached at the time of the referral:

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Pupil registration certificate ☐

Any correspondence from external services (PIT, LSS, EPS, CAMHS etc) ☐

Evidence of implementing a graduated approach ☐

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| Provide a brief overview of the barriers being face by the young person.   * Attendance, Engagement, Mitigation, Actions, Outcomes |

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| What interventions have been explored for this young person and what were the outcomes?   * School, external services, Early Help, Referrals to outside agencies, EBSA tools. |

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| Have school attended relevant EBSA training in the previous 12 months? **Y/N** |

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| Has a joined up approach between home and schools been established?   * *If yes, please detail how, if not please detail the barriers/ reasons for this.* |

**Declaration**

By submitting this form, the school are confirming that parents have given consent for the relevant information to be shared, suitable actions have been taken to support the education of the child and all professionals involved have been notified and review arrangements have been agreed.

Signed Date

**Child/Young Person Consent**

Children aged 12+ years of age should also give informed consent if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved. This is known as being Gillick competent. Otherwise, someone with parental responsibility can consent for them. Further information can be found here: [Gillick competence and Fraser guidelines | NSPCC Learning](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#skip-to-content)

Signed Date

**Parental Consent**

By signing this form, parents/carers are consenting:

* For the information on this form to go on the computer database (Educational Management system).
* For liaison with other professionals involved in the EBSA pathway (this could be conversations or sharing written information).
* For advice/ support to be given to your child/ young person’s school by professionals from services listed above. This may include the use of tools to gather your/ your child’s views in relation to school.
* Referrals for direct support (e.g. assessment, observation, consultation with staff, direct work with your child). Further consent for the direct involvement of services will be sought (e.g. Educational Psychology, CAMHS).

***Once you have consented to engage with the EBSA Pathway, we will process your personal data in accordance with this privacy notice*** [Data protection legislation • Salford City Council](https://www.salford.gov.uk/your-council/council-and-decision-making/data-protection-legislation/)***. You can withdraw consent for the EBSA Pathway involvement by emailing*** [***EBSA@Salford.gov.uk***](mailto:EBSA@Salford.gov.uk) ***and the service will stop sharing information and cease engagement, however your data will still be held in accordance with the privacy notice.***

Signed Date

**Please submit this referral form to** [**EBSA@salford.gov.uk**](mailto:EBSA@salford.gov.uk)

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| EBSA Pathway Panel Outcomes and Actions | |
| The EBSA Pathway panel met on \_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_ and have agreed to the following actions: | |
| **Outcome** | **Action** |
| EBSA Pathway agreed | Lead Professional  Agencies involved.  Date of initial meeting |
| Further exploration required | School to engage with the outlined actions and re-refer once they have been completed. |
| Refer for further support | Child/young person requires a referral to another agency for more detailed support. |

Signed on behalf of the EBSA panel.