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| **FORM 3 - INFORMATION SHARING IN RESPECT OF** **TRANSFER OF CHILDREN / YOUNG PEOPLE BETWEEN SCHOOLS / ACADEMIES / COLLEGES / EDUCATIONAL ESTABLISHMENTS** | NELCweb |

**OFFICIAL - SENSITIVE when complete**

**It is essential in respect of confidentiality it is necessary that all information is shared on strictly ‘need to know’ basis and that access to files and related information are appropriately secured**

It is important that this document is completed as fully as possible in order that your colleagues (internal movement) or to another external school / academy / college / educational establishment are fully conversant with all safeguarding issues pertaining to the child / young person.

If relevant staff are not aware of current and / or historical issues it is possible that the child / young person continues to be at risk of harm as staff are not alerted and monitoring as necessary.

Aim:

* To ensure effective information sharing in respect of transition between schools / academies / colleges / educational establishments of children / young people of concern, including use of the transfer process
* To enable relevant staff to ensure that of children / young people concern (both current and historical) are identified in order to safeguard and promote their welfare
* Circumstances when this form should be used for internal and external movement between:

Early Years to Primary School; Primary School to Secondary School

Secondary School to College (including 14 -19 placements)

Placement in Special or Alternative Provision; In Year Transfers

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| **NATURE OF TRANSITION -** Please tick as appropriate | **STATUS -** Please tick as appropriate |
| **NURSERY to FS1** |  | **LAC** |  |
| **FS1 to FS2** |  |
| **FS2 to KS1** |  |
| **KS1 to KS2** |  |
| **KS2 to KS3** |  | **CIN** |  |
| **KS3 to KS4** |  |
| **KS4 TO KS5** |  | **SA (Single Assessment)** |  |
| **Placement to Special or****Alternative Provision** |  |
| **Same Key Stage transfer** | **In Year within NEL** |  | **CHILD PROTECTION PLAN** |  |
| **Name of child / young person****(including also known as)** | **Date of Birth** | **Pupil UPN number** |
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| **Persons/carers with parental responsibility** |  |
| **Current Home Address** |  |
| **Future Home Address (if known)** |  |
| **Legal Status** |  |
| **Current Child Protection Registration Status** | **LAC** |  | **CP** |  | **CIN** |  | **SA** |  |
| **Previous** | **LAC** |  | **CP** |  | **CIN** |  | **SA** |  |

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| **Key People/Lead Professional involved in transition (current establishment)** |
| **Name** | **Position** | **Establishment** | **Email** | **Telephone Number** | **Signature** |
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| **Has the child been subject to any of the following:** |
| **Domestic Violence (DV)** |  |
| **Harmful Sexual Behaviour (HSB)** |  |
| **Child Sexual Exploitation****(CSE)** |  |
| **Bullying Incidents** |  |
| **‘Other’ – Please specify** |  |

**Continued……..**

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| **Preferred outcome of key issues and actions needed to safeguard the child/young person.****To include safeguarding file transfer details** |
| **Issue** | **Action(s)** | **By whom** | **When / How** | **To be reviewed** |
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| **Any additional supports (both own and other agencies) needed** |
| **Identified support** | **Which agency identified as provider** | **Persons referring / When** | **Outcome** |
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| **Core Group Members and contact details** |
| **Name** | **Position** | **Establishment** | **Date of meetings** | **Date of receipt of minutes** |
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| **Handed over to:** | **Name of establishment** |
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| **Details of person completing this form** |
| **Name** |  |
| **Position** |  |
| **Establishment** |  |
| **Signed** |  |
| **Date** |  |
| **Details of person receiving this form / information** |
| **Name** |  |
| **Position** |  |
| **Establishment** |  |
| **Signed** |  |
| **Date** |  |