

EWS CAE Referral Form

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| **This form is for Children Absent from Education (CAE). Children are a CAE concern when they have had 10 consecutive days of complete or partial authorisedabsence.**Please complete all sections and return the form to Paul Nicola **cme@wokingham.gov.uk** along with an attached registration certificate.*If there are 10 days of consecutive* ***unauthorised*** *absence, please complete a CME referral instead.* |

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| **Pupil Details** |
| Surname | Enter text |
| Forename | Enter text |
| Other name(s) | Enter text |
| Date of birth (DD/MM/YYYY) | Enter text |
| Gender | Enter text |
| Ethnicity | Enter text |
| Religion | Enter text |
| Home language | Enter text |
| UPN | Enter text |
| Home address | Enter text |
| New address (including moves abroad) | Enter text |
| **For Leavers moving abroad only (Please answer Yes or No)***New address should be obtained at the very least.* |
| New address received  | Enter text |
| New school details received | Enter text |
| Flight details received | Enter text |

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| **Education Details** |
| National curriculum year | Enter text |
| SEN status | Enter text |
| Date last attended | Enter text |
| Current attendance % | Enter text |

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| **Parent/Carer Details** |
| Parent name | Enter text |
| Telephone number | Enter text |
| Email address | Enter text |

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| **Other Parent/Carer Details** |
| Parent name | Enter text |
| Telephone number | Enter text |
| Email address | Enter text |

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| **Is this pupil…** |
| A Looked after child  | Yes/No | Subject to Early Intervention | Yes/No |
| In temporary accommodation | Yes/No | Pupil Premium | Yes/No |
| Subject to a CIN plan | Yes/No | EAL | Yes/No |
| Subject to a CP plan | Yes/No | Young Carer | Yes/No |

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| **Agencies Involved with the family** *E.g., Social Care, EWS, SEN, EP, Early Help, YOT, School Health/Nurse* |
| **Agency name** | **Worker name** | **Worker email**  | **Worker tel no.** |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |

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| **Part Time Timetable** (maximum of 6 weeks) |
| Start date  | Enter text |
| Hours/days per week | Enter text |
| Date back on full timetable | Enter text |

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| **Details of Siblings** |
| **Sibling name** | **Date of birth** | **School** |
| Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text |
| **School Actions***Please include dates and details* |
| Telephone call | Enter text |
| Letter/Email | Enter text |
| Home visit | Enter text |
| Other | Enter text |

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| **Background Information***Include any suspected reasons for absence.**Include any personal circumstances to be aware about before EWS make contact.* |
| Enter text |

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| **Declaration (Please answer Yes or No)** *If answered No to BOTH* ***1*** *and* ***2****, you may be requested to ensure this pupil is readmitted to your register with immediate effect. This is regardless of whether their place has been filled.* |
| 1. Pupil is still on our school register | Yes/No |
| 2. If no to the above, confirmation received from school’s EWO that pupil can be removed from register | Yes/No |
| 3. Pupil’s registration certificate is attached to the referral | Yes/No |

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| **Completion** |
| Full name | Enter text |
| Position | Enter text |
| Email address | Enter text |
| Signature | Enter text |
| Date | Enter text |