

Referral to the Missing Children Register 2018/19

Child's first name Surname

If the child is known by any other name, please give details

Last known address:
 Contact Tel Nos:
 Email Address

Last school / provision

Male D.O.B Name of parent/guardian
 Female

UPN (school children) Language spoken at home

Ethnic Origin (for monitoring purposes only. (Please underline))

- | | | | |
|--|---|---|---|
| <p>White
 British
 Irish
 Traveller of Irish Heritage
 Turkish/Turkish Cypriot
 Greek/Greek Cypriot
 Gypsy/Roma</p> <p>Any other white background
 White European
 White Other</p> | <p>Mixed/Dual Background
 White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background</p> <p>Asian or Asian British
 Indian
 Pakistani
 Bangladeshi
 Any other Asian Background</p> | <p>Black or Black British
 Caribbean
 African
 Somali
 Other Black African
 Any other Black Background</p> | <p>Any other Ethnic Group
 Vietnamese
 Chinese
 Any other ethnic group</p> <p>Unknown
 Not obtained
 Refused to say</p> |
|--|---|---|---|

Confirmation of checks undertaken - tick Yes or No

Is the child on a Child Protection Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a letter been sent to the last known home address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have all contact numbers/emails for the family been tried?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have enquiries been made with friends of the child and family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date started at school / provision

Last day attended

Checks to be made before referral is passed to the Missing Children Register

Date Outcome Please include the name of the person you spoke to

Local housing office check	<input type="text"/>	<input type="text"/>
Local benefits check i.e free school meals/ housing	<input type="text"/>	<input type="text"/>
Framework I Check	<input type="text"/>	<input type="text"/>
Home visit to last known address (Check with Neighbours, Etc)	<input type="text"/>	<input type="text"/>

Provide a brief summary (typed or written) of your last contact, the names of other people you have spoken to and any other relevant information:

Please tick all that apply:-

In Public Care/Looked After	<input type="checkbox"/>	Education Health Care Plan	<input type="checkbox"/>	Runaway	<input type="checkbox"/>
Domestic Violence Issues	<input type="checkbox"/>	Forced Marriage	<input type="checkbox"/>		
Privately Fostered child	<input type="checkbox"/>				

Print name Signature
Address

Agency

Telephone

Email

Date

PLEASE SEND OR FAX TO: Brendan Mulcahy, Missing Children Register, Tower Hamlets Education Safeguarding Service (THESS), 4th Floor - Mulberry Place, 5 Clove Crescent, London E14 2BG
Tel: 020 7364 3426 email: Brendan.Mulcahy@towerhamlets.gov.uk; Mohammedi.Ali@towerhamlets.GCSX.gov.uk