

#### Referral form:

#### Request for Involvement from the Virtual School for support with Children Previously in Care or Children Living in Kinship Care

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| Date of Contact: |  |
| Name and contact details of person initiating referral: |  |
| Position of referrer:***N.B please note if it is note the parent making the referral, the referral must have been agreed to and signed by the parent*** | Parent / guardian: |  |
| Member of Staff from an Educational Setting: |  |
| Social Worker: |  |
| Other (please specify): |  |
| Young Person’s Name & DOB | Name | DOB |
| Young Person’s Ethnicity & First Language | Ethnicity | First Language |
| Parent/Guardian contact details (including email) if different to person initiating referral: |  |
| Young Person’s previously CIC status or Kinship care arrangement***N.B. Virtual School will need confirmation of this status either from a social worker, agency or an education setting signed to confirm they have seen the original document.***  | Adopted from care |  |
| Special Guardianship Order having been in care of a Local Authority for at least 24 hours |  |
| Child Arrangement Order having been in care of a Local Authority for at least 24 hours |  |
| Living in Kinship Care different from the above |  |
| Educational Setting attended: |  |
| Are the educational setting aware that contact has been made with the Virtual School | yes |  |
| no |  |

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| Brief background and reason for referral:  |
|  |
| Signed and dated by the referrer: |  |
| Signed and dated by the parent / guardian: |  |

*By signing this permission form, you are giving permission for the Virtual School to hold the information provided in this form and notes on the advice provided on the Local Authority secure system in accordance with the Local Authority’s GDPR responsibilities.  The Virtual School will contact you to discuss any advice or information that they are able to provide.*