

ELECTIVE HOME EDUCATION (EHE) REFERRAL FORM - SCHOOLS

This referral is for notifying the Local Authority of a child whose parents are removing from your school to home educate. It is important that you complete the form with as much detail as possible so the Elective Home Education Service can respond promptly and offer support to the family.

Please complete and return this form by email to home.education@birmingham.gov.uk

REFERRER DETAILS	
NAME OF REFERRER:	
SCHOOL	
ADDRESS:	
EMAIL ADDRESS:	
TELEPHONE NO:	
CHILD'S DETAILS	
CHILD'S FIRST NAME:	UPN:
SURNAME:	ULN: <i>(Unique Learner No – if known)</i>
ALTERNATIVE NAME:	SCHOOL YEAR:
DOB:	GENDER:
ETHNIC ORIGIN: <i>(DfE codes where possible)</i>	
CHILD'S ADDRESS:	
POST CODE:	
PARENT/CARER NAME	PARENT/CARER NAME
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
PARENTAL RESPONSIBILITY:	PARENTAL RESPONSIBILITY:

YES:		NO:		YES:		NO:			
PARENT ADDRESS/CONTACT DETAILS <i>(Where different)</i>				PARENT ADDRESS/CONTACT DETAILS <i>(Where different)</i>					
POSTCODE:				POSTCODE:					
HOME TEL NO:				HOME TEL NO:					
MOBILE PHONE:				MOBILE PHONE:					
EMAIL ADDRESS:				EMAIL ADDRESS:					
Is this child a sibling of a child currently registered for EHE						YES	NO	UNKNOWN	
Are you completing additional EHE referrals for other sibling/s alongside this referral?						YES	NO		
OTHER CHILDREN IN THE HOUSEHOLD <i>(please list names, dates of birth, and if registered for EHE if known):</i>									
NAME		DOB	EHE REGISTERED Y/N			DATE REFERRED			
IS THIS CHILD IN THE CARE OF THE LOCAL AUTHORITY?						YES:		NO:	
IS THIS CHILD SUBJECT TO A CHILD PROTECTION PLAN?						YES:		NO:	
IS THIS CHILD SUBJECT TO A CHILD IN NEED PLAN?						YES:		NO:	

IS THE CHILD: GYPSY ROMA TRAVELLER FAMILY NEW TO BIRMINGHAM FAMILY ASYLUM SEEKER FAMILY NONE OF THE ABOVE	YES: YES: YES:	NO: NO: NO:
IS THE CHILD PREGNANT? A TEENAGE PARENT?	YES: YES:	NO: NO:
DOES THE CHILD HAVE SPECIAL EDUCATIONAL NEEDS AND/OR A DISABILITY? <i>If YES, please indicate below:</i>	YES:	NO:
DOES THE CHILD HAVE AN EDUCATION, HEALTH AND CARE PLAN (EHCP)? <i>If YES, please indicate Date of Plan and Date of Last Review</i>	YES:	NO:
DATE OF EHC PLAN: ____ / ____ / ____	DATE OF LAST REVIEW: ____ / ____ / ____	
NAME OF CASE OFFICER <i>Please ensure that you have notified the CO of parents' intentions to home educate prior to submitting this referral.</i>	Name: Date Notified:	
DOES THE CHILD HAVE ANY HEALTH NEEDS?	YES	<i>if yes please describe health needs below:</i>
	NO	

What reason has been given for the child being educated at home? (Please tick the most appropriate)

<input type="checkbox"/>	Difficulty in accessing a school place	<input type="checkbox"/>	<input type="checkbox"/>	Religious reasons	<input type="checkbox"/>
<input type="checkbox"/>	Did not get school preference	<input type="checkbox"/>	<input type="checkbox"/>	Child's attendance	<input type="checkbox"/>
<input type="checkbox"/>	Suggestion/pressure from school	<input type="checkbox"/>	<input type="checkbox"/>	Dissatisfaction with school - SEND	<input type="checkbox"/>
<input type="checkbox"/>	Health concerns relating to Covid-19	<input type="checkbox"/>	<input type="checkbox"/>	General dissatisfaction with school - general	<input type="checkbox"/>
<input type="checkbox"/>	Philosophical or preferential reason	<input type="checkbox"/>	<input type="checkbox"/>	Risk of school exclusion	<input type="checkbox"/>
<input type="checkbox"/>	Lifestyle choice	<input type="checkbox"/>	<input type="checkbox"/>	Permanent exclusion	<input type="checkbox"/>
<input type="checkbox"/>	Dissatisfaction with the school - bullying	<input type="checkbox"/>	<input type="checkbox"/>	Did not provide a reason	<input type="checkbox"/>
<input type="checkbox"/>	mental health	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

physical health		Other	
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CURRENT SCHOOL DETAILS

Has the child ever attended school?	Yes:	No:
Name of current school:-		
Contact name and school role:-		
Date of child's last attendance <i>(dd/MM/YYYY)</i>		
Attendance data over last 3 years		
Date roll removal (if applicable) <i>(dd/MM/YYYY)</i>		
Please attach a copy of the written correspondence sent by the family informing the school that the child is home educated	Date written correspondence received:- <i>(dd/MM/YYYY)</i> Attached: Yes/No	
Please share details of child's attainment to date:		
Information about the child's education journey so far <i>(please include school attendance record, detail of any exclusions, prosecutions and any behavioural or emotional changes):-</i>		
Please also note any other options considered prior to the parents decision to home educate		
What is the child's view of being home educated?		

SAFEGUARDING

Do you have any safeguarding concerns/implications for the child?	YES	NO	DETAILS:
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If so has a referral been made to Birmingham Children's Trust/Police/Local Authority/other agency? <i>Please use separate sheet if necessary</i>	YES	NO	OUTCOME:
Any other background or contextual information/factors impacting on parental capacity to home educate (please add separate sheet if necessary):	YES	NO	OUTCOME
Has an early help assessment been completed?			
Date EHE policy and guidance given, or sent to parents/carers:	<i>(dd/MM/YYYY)</i>		

DETAILS OF OTHER AGENCIES INVOLVED WITH FAMILY

ARE ANY OTHER AGENCIES WORKING WITH THIS FAMILY? YES: NO:
(If YES please provide contact details for each agency involved – use a separate sheet if needed)

Agency Name: _____

Contact Name: _____

Contact Number: _____

DETAILS:

Have you informed the agency of the parents' decision to home educate? YES: NO:

Agency Name: _____

Contact Name: _____

Contact Number: _____

DETAILS:

Have you informed the agency of the parents' decision to home educate? YES: NO:

Agency Name: _____ Contact Name: _____ Contact Number: _____ DETAILS: Have you informed the agency of the parents' decision to home educate? YES: NO:
Please send the completed form to home.education@birmingham.gov.uk Please note: the form will be returned if it is submitted incomplete.

FOR EHE SERVICE USE ONLY

Referral Ref No:			
Is the child known to Birmingham Childrens Trust	YES	PER No:	NO
Dates of BCT involvement within the last 12 months			
Status:	OPEN	CLOSED	

Comments *(include name and contact number of SW)*

Complete EHE support process referral form	YES	NO
EHE Allocation Details		
Date of allocation to EHE Advisor		
Name of EHE Advisor		
Date referral form logged on Impulse		
Date initial letter sent		