



Register Number
(office use only)

Referral to the Missing Children Register 2009/10

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))

- | | | | |
|---|--|--|--|
| White
British
Irish
Traveller of Irish Heritage
Turkish/Turkish Cypriot
Greek/Greek Cypriot
Gypsy/Roma

Any other white background
White European
White Other | Mixed/Dual Background
White & Black Caribbean
White & Black African
White & Asian
Any other mixed background

Asian or Asian British
Indian
Pakistani
Bangladeshi
Any other Asian Background | Black or Black British
Caribbean
African
Somali
Other Black African
Any other Black Background | Any other Ethnic Group
Vietnamese
Chinese
Any other ethnic group

Unknown
Not obtained
Refused to say |
|---|--|--|--|

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 been telephoned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have enquiries been made with friends of the 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"/>	Statement of SEN	<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