**Children Missing Education Referral Form**

**CME1**

This form should be completed by any individual who has reason to believe a child is missing education.

Once completed, please email to childrenmissingeducation@hounslow.gov.uk with any additional documents. Children Missing Education will then carry out further investigations.

Referrals are treated confidentially if requested, please give as much information as possible, if name is not known, please quote address.

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| --- | --- | --- | --- |
| **Name of Child:** |  | **DOB/ Approx age:** |  |
| **Gender** |  | **Previous school if known**  |  |

**Parent/Carer Details:**

|  |  |  |
| --- | --- | --- |
| **Details:**  | **Relationship to****child** | **Contact Details** |
| **Name:****Address:** |  | **Phone:****Email:****Other:** |

|  |  |
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| **Why do you believe this child is missing education?** ***Please share any relevant information that will help the CME Officer*** |  |

**Referrer Details (optional):**

|  |  |
| --- | --- |
| **Name of referrer** |  |
| **Referral date** |  |