Appendix 2: Education Provider

High Level Concerns Transition Form

*Please use this form in conjunction with the Shropshire Transition in Education Guidance (available at* [*Early Years and Schools Safeguarding Policies and Guidance | Shropshire Learning Gateway*](https://www.shropshirelg.net/safeguarding-and-child-protection/early-years-and-schools-safeguarding-policies-and-guidance/)*).*

*This form is to highlight any student who the sending provider feels has a significant cause for concern that requires highlighting to a new provider at the earliest possible opportunity; to ensure the right support is in place to safeguard and promote their welfare. This includes those at risk of not attending. A separate excel spreadsheet template with the below fields is also available to highlight multiple students at standard transition points.*

|  |  |
| --- | --- |
| **Sending School/Setting:** |  |
| **Safeguarding Recording system used** *(e.g. CPOMs, My Concern, Other etc)* |  |
| **Staff Contact (Name and Role):** |  |
| **Email address:** |  |
| **Contact number:** |  |
| **Student Full Name:** |  |
| **Date of Birth:** |  |
| **Year Group:** |  |
| **Sex Code:** |  |
| **Unique Learner Number:** |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parents / Carers: Include all adults involved in the care of the child  | Date of Birth | Contact Telephone Number/Email | Parental Responsibility? |
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
| Address: |  |
| Home Address: | Any other relevant addresses: |  |
|  | Contact information**: of other agencies involved if known** (please add others you think may be relevant) |
| Name | Address |  | Telephone |
|  |  |  |  |
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 |
| **Does the student have any of the following concern categories** *(please check all boxes that apply)***:** |
| Multiple non-standard educational transitions *(see Guidance for definition)* [ ]  | Electively Home Educated (previous/current) [ ]  |
| Education Health Care Plan [ ]   | SEN Support [ ]  |
| Child Looked After [ ]  Previously Child Looked After [ ]  | “Other” present safeguarding concerns [ ]  |
| Child Protection Plan[ ]  Child in Need Plan[ ]  | Historical safeguarding concerns [ ]  |
| Mental health and emotional wellbeing needs [ ]   | Physical health needs [ ]  |
| Absence concerns [ ]  | Emotion Based School Avoidance [ ]  |
| Serious behaviour concerns (e.g. suspensions/exclusions) [ ]  | Alternative Provision [ ]   |

**Summary Outline of the above/Other Issues or concerns:**

**Would this child benefit from an Enhanced Transition?**

[ ] Yes[ ] No

**Information sent with this form:**

**If no; please explain why no additional help or support is required.**

[ ] Significant/Key event chronology

[ ] Multi-Agency Plans: *(delete as appropriate)* Early Help/CIN/LAC/Pathway/Other (explain)

[ ] EHCP

[ ] Individual Health Care Plan

[ ] Behaviour support plan

**What actions need to be taken to support the child to have a positive transition *(refer to guidance)***

***Please have a summary document of key information available for the receiving provider for the start of the young person’s time at their new provider. This should be securely emailed on confirmation of starting; prior to the sending of the full file documentation that will be passed on.***