

ELECTIVE HOME EDUCATION (EHE) REFERRAL FORM - PROFESSIONALS

This referral is for notifying the Local Authority of a child/ren who you think may be home educated. 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:	
Agency:	
ADDRESS:	
EMAIL ADDRESS:	
TELEPHONE NO:	
CHILD'S DETAILS	
CHILD'S FIRST NAME:	UPN and/ or ULN: <i>(if known)</i>
SURNAME:	NHS Number:
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		REGISTERED FOR EHE 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		YES: YES: YES:	NO: NO: NO:
NONE OF THE ABOVE			
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>			
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"/>	Religious reasons
<input type="checkbox"/>	Did not get school preference	<input type="checkbox"/>	Child's attendance
<input type="checkbox"/>	Suggestion/pressure from school	<input type="checkbox"/>	Dissatisfaction with school - SEND
<input type="checkbox"/>	Health concerns relating to Covid-19	<input type="checkbox"/>	General dissatisfaction with school - general
<input type="checkbox"/>	Philosophical or preferential reason	<input type="checkbox"/>	Risk of school exclusion
<input type="checkbox"/>	Lifestyle choice	<input type="checkbox"/>	Permanent exclusion
<input type="checkbox"/>	Dissatisfaction with the school - bullying	<input type="checkbox"/>	Did not provide a reason
<input type="checkbox"/>	mental health	<input type="checkbox"/>	Unknown

physical health		Other	
CURRENT SCHOOL DETAILS			
Has the child ever attended school?		Yes:	No:
Name of current school if known:-			
How were you made aware that the family are home educating?			
What is the child's view of being home educated?			
SAFEGUARDING			
Do you have any safeguarding concerns/implications for the child? 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	DETAILS:
	YES	NO	OUTCOME:
Any other background or contextual information/factors impacting on parental capacity to home educate <i>(please add separate sheet if necessary):</i>	YES	NO	OUTCOME
Has an early help assessment been completed?			

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 <i>(include name and contact number of SW)</i>				
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				