****

**SCHOOLS ATTENDANCE SUPPORT SERVICE**

**CHILD EMPLOYMENT INVESTIGATION & PROHIBITED EMPLOYMENT FORM**

**FOR SCHOOLS & OTHER AGENCIES**

Under the Children and Young Persons Act 1933, the byelaws of Sandwell MBC and Local Government Act 1972, the Local Authority has the powers and a duty to investigate any child allegedly working.

**Note:**

* Child employment legislation applies to all children until a child has attained compulsory school leaving age.
* **Witness -** we may need to obtain a witness statement if legal proceedings are undertaken.
* The Children and Young Persons Act 1933 states that a person who assists in a trade or occupation carried out for profit is considered as employed even though he or she may receive no payment.

|  |  |
| --- | --- |
| **SECTION 1** | **REFERRER DETAILS** |
| Referral date |  |
| Name of referrer |  |
| Position/Job title |  |
| Email address |  |
| Telephone number |  |
| **CHILD DETAILS** |
| Surname |  | Forename |  |
| Date of Birth |  | Ethnicity |  | Gender |  |
| School |  | Unique Pupil Number |  |
| Home Address |  |
| **PARENT/CARER DETAILS (1)** *(if school referring attach pupil information & attendance summary sheets with referral)* |
| Name |  | Relationship |  |
| Address |  | Resident with child? | Y | ☐ | N | ☐ |
| Telephone number(s) |  |
| **PARENT/CARER DETAILS (2)** *(if school referring attach pupil information & attendance summary sheets with referral)* |
| Name |  | Relationship |  |
| Address |  | Resident with child? | Y | ☐ | N | ☐ |
| Telephone number(s) |  |
| **TICK IF ANY OF THE FOLLOWING APPLY**  |
| Child Looked After (CLA) | ☐ | Child in Need (CIN) | ☐ | Child Protection Plan | ☐ |
| Refugee or Asylum Seeker | ☐ | Gypsy Roma Traveller (GRT) | ☐ | SEN Involvement | ☐ |
| **SECTION 2** | **REFERRAL DETAILS** |
| **Period of evidence***Supply range of dates child known to be working* | **From date:** | **To date:** |
| **Information obtained** *(Who is the child is working for?)* |
| Name of employer &trading name of business  |  |
| Address of employer *(or location they observed the child to be working)* |  |
| What type of work is the child involved in?*Give a brief description of duties* |  |
| *If known*, what times/days is the child working? |  |
| How did you obtain this information?*(was this a direct observation)* |  |
| In the event of an investigation under the Regulation of Investigatory Powers Act 2000 and Investigatory Powers Act 2016, please give a description of the child, such as; height, hair colour and any distinguishing factors*.* *If you have a photo, please attach*  |  |
| **Other factors for consideration:** |
| Is the child on a modified timetable? |  |
| Rarely attend school and have personalised learning plans as part of attempts to re-integrate them into full time education? |  |
| Are returning from custody and a school place has not been secured? |  |
| Does the child have any mental health concerns? |  |
| Have medical needs other than mental health needs? |  |
| Does parent have learning/language difficulties? |  |
| Does parent have a physical disability or mental health problem?  |  |
| Is there evidence of drug/alcohol misuse? |  |
| **SECTION 3** | **Evidence & Contacts***Detail any evidence provided /contacts made that is pertinent to the child employment referral. Any boxes ticked please attach to the referral.*  |
| Attendance certificate  | **☐** |
| Pupil information sheet | **☐** |
| Any correspondence  | **☐** |
| Early Help Assessment offer | **☐** |
| Medical evidence | **☐** |
| Copies of meeting records | **☐** |
| **CONTACT TYPE** | **DATE(S)** | **OUTCOME** | **COMPLETED BY** |
| Phone calls(parents) |  |  |  |
| Phone calls(other contacts) |  |  |  |
| Letters sent(Detail any responses) |  |  |  |
| Home visits made |  |  |  |
| Contact with other agencies |  |  |  |
| **SECTION 4** | **SAFEGUARDING CONCERNS, MASH REFERRALS & MULTI-AGENCIES**Give full details (including specific dates) below |
|  |
| **MULTI-AGENCY INVOLVEMENT** |
| **Name of professional** | **Agency** | **Type of support** | **Telephone/Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **SECTION 5** | **SAFETY FACTORS / RISK MANAGEMENT***Detail below any known risks posed by the family to professionals visiting the property, e.g. dangerous dog on premises* |
|  |
| **RETURN COMPLETED REFERRAL FORM TO:** **APS\_CIEE@sandwell.gov.uk** |

(Version 3 – Nov 23)