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**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.

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| **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 | | | | | | | | | | | | | | | | | | | | |
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| **MULTI-AGENCY INVOLVEMENT** | | | | | | | | | | | | | | | | | | | | |
| **Name of professional** | | **Agency** | | | | | | **Type of support** | | | | | **Telephone/Email** | | | | | | | |
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| **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**](mailto:APS_CIEE@sandwell.gov.uk) | | | | | | | | | | | | | | | | | | | | | |

(Version 3 – Nov 23)