**APPENDIX 4**

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| **Child Missing/Found notification form** |
| Name of child / young person | Enter child’s name | Legal Status | Select legal status |
| Date of Birth | Enter child’s DOB | Current Address / Placement Type | Enter address |
| Last CLA Review | Enter date | PIN Number | Enter number |
| School Year | Other | Does the child / young person have an EHCP?  | No |
| First missing episode? YES / NO  | No | If not first missing episode date of last  | Enter date |
| Date form completed:Officer completing form:  | Select date  |
| Background of young person:  |
|  |
| Please provide information on missing episodes:  |
|  |
| Strategy Discussion |
|  |
| Team Manager / Service Manager Comment: |  |