**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: | |  | | |