****

**MASH REQUEST FOR INFORMATION FROM EDUCATION**

A referral has been received in relation to the family identified below. Please complete this form as a matter of priority, returning it within **48 hours** from the time it was sent. Please return the form securely to the Safeguarding in Education team at:

[safeguardingineducationteam@brsitol.gov.uk](mailto:safeguardingineducationteam@brsitol.gov.uk) via proofpoint or password protected or via CJSM [safeguardingeducation.team@cyps.cjsm.net](mailto:safeguardingeducation.team@cyps.cjsm.net)

This information will remain confidential and will be securely stored by the Local Authority.In completing this request we ask that you use your own professional judgement and opinion. If you do not know something please indicate that you do not know.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR MASH USE ONLY** | | | | | | | | | | | | |
| **Date and time information required:**  Click here to enter text. | | | | | | | | | | | | |
| **Family Composition (children in your school will be highlighted).**  Click here to enter text. | | | | | | | | | | | | |
| **Reason for MASH discussion:**  Click here to enter text. | | | | | | | | | | | | |
| |  |  | | --- | --- | | Remit to share information | Tick box | | Consent has been obtained by the parent to seek information for the child. |  | | Consent **has not been sought** and information can be shared to promote the welfare of the child in line with statutory guidance and legislation. |  | | | | | | | | | | | | | |
| **PLEASE RESPOND TO THE BELOW QUESTIONS** | | | | | | | | | | | | |
| **Your name** | Click here to enter text. | | | | | | | | | | | |
| **Date of completion** | Click here to enter text. | | | | | | | | | | | |
| **School/Setting** | Click here to enter text. | | | | | | | | | | | |
| **Position** | Click here to enter text. | | | | | | | | | | | |
| **Contact number** | Click here to enter text. | | | | | | | | | | | |
| General information | | | | | | | | | | | | |
| Date child(ren) joined the setting | | | | | | Click here to enter text. | | | | | | |
| Name child(ren) known by (if different) | | | | | | Click here to enter text. | | | | | | |
| Does the child have any communication needs  (E.g. EAL, Non-verbal) | | | | | | Yes | No | Details  Click here to enter text. | | | | |
| Main family/carer contacts listed for this child. | | | | | | | | | | | | |
| Name and relationship | | | | Contact details | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Is this child picked up from school? | | | | Yes | | | | | | No | | |
| If yes, who does this? | | | | Click here to enter text. | | | | | | | | |
| Are there other known professionals working with this family | | | | | | | | | | | Yes | No |
| Name and Agency | | | | | Contact details | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | | | | |
| School and child | | Concern? | | | Please provide details to support (boxes will expand) | | | | | | | |
| Current Safeguarding concerns | | Yes | No | | Click here to enter text. | | | | | | | |
| Historical Safeguarding concerns | | Yes | No | | Click here to enter text. | | | | | | | |
| Attendance and punctuality | | Yes | No | | Click here to enter text. | | | | | | | |
| Behaviour | | Yes | No | | Click here to enter text. | | | | | | | |
| Presentation | | Yes | No | | Click here to enter text. | | | | | | | |
| Attainment/ Learning | | Yes | No | | Click here to enter text. | | | | | | | |
| Peer relationships (including online) | | Yes | No | | Click here to enter text. | | | | | | | |
| Mental health/Medical needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Special Educational needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Alterative Learning Provision | | Yes | No | | Click here to enter text. | | | | | | | |
| Has this child had a fixed term/internal exclusion? | | Yes | No | | Click here to enter text. | | | | | | | |
| Accessing additional school support? *(E.g, learning mentor/school counselling/Brook/BDP)* | | Yes | No | | Click here to enter text. | | | | | | | |
| Extracurricular activities  *(E.g, breakfast club, lunchtime clubs, after school clubs)* | | Yes | No | | Click here to enter text. | | | | | | | |
| Other (please specify): | | | | | | | | | | | | |
| Click here to enter text. | | Yes | No | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | Yes | No | | Click here to enter text. | | | | | | | |
| Click here to enter text. | | Yes | No | | Click here to enter text. | | | | | | | |
| Family information | | | | | | | | | | | | |
| Parental /Carer engagement | | Yes | No | | Click here to enter text. | | | | | | | |
| Parenting/caring capacity to meet child’s physical needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Parenting/caring capacity to meet child’s emotional needs | | Yes | No | | Click here to enter text. | | | | | | | |
| Parental/Carer vulnerability | | Yes | No | | Click here to enter text. | | | | | | | |
| Parental/carer safeguarding | | Yes | No | | Click here to enter text. | | | | | | | |
| Environmental/ Contextual Factors | | | | | | | | | | | | |
| Income | | Yes | No | | Click here to enter text. | | | | | | | |
| Employment | | Yes | No | | Click here to enter text. | | | | | | | |
| Housing/Accommodation | | Yes | No | | Click here to enter text. | | | | | | | |
| Neighbourhood/community | | Yes | No | | Click here to enter text. | | | | | | | |
| Crime/Antisocial behaviour | | Yes | No | | Click here to enter text. | | | | | | | |
| Voice of child  Also consider providing a professional opinion of what a ‘day to day life experience’ for this child is | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| Voice of parents/carers | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| Is there any additional support that you can offer to the child family? | | | | | | | | | | | | |
| * 1. Pastoral Support | | | | | | | | |  | | | |
| Breakfast Club/After school club | | | | | | | | |  | | | |
| Extracurricular Activity | | | | | | | | |  | | | |
| Counselling / Mental health support | | | | | | | | |  | | | |
| Family Support work | | | | | | | | |  | | | |
| Nurture Groups | | | | | | | | |  | | | |
| Play Therapy/Art Therapy | | | | | | | | |  | | | |
| Community Food bank/Foodbank vouchers | | | | | | | | |  | | | |
| Freedom Programme | | | | | | | | |  | | | |
| Parenting Programme/ Parent Gym | | | | | | | | |  | | | |
| Joining a parenting group | | | | | | | | |  | | | |
| Other (please specify) Click here to enter text. | | | | | | | | |  | | | |

Thank you for you cooperation with this request. If you have any questions then contact the Safeguarding in Education team on 0117 9222710 and safeguardingineducationteam@bristol.gov.uk.