**Transfer and Receipt of Early Years Child Protection & Welfare Records**

Transfer and Receipt Form of Early Years Child Protection and Child Welfare records between Educational Establishments in the Early Years Foundation Stage – within and across local authorities:

**(Not to be used where relocation / transfer is due to safety needs)**

School/Setting to ensure all aspects are covered in Privacy notices. Please use capitals

|  |  |  |  |
| --- | --- | --- | --- |
| **(Please print all information IN BLOCK CAPITALS)** | **YES** | **No** | **N/A** |
| Has parental consent been gained to share Child Protection information? |  |  |  |
| Has parental consent been gained to share Child Welfare concerns information? |  |  |  |

If Yes, give details ……………………………………………………………………………………………………………............................

*e.g. Setting have signed or emailed consent*

If no, give reasons for sharing and decision taken by whom ……………………………………………………………………..

*e.g. Parent not contactable or parent unable to give consent*

……………………………………………………………………………..…………………………………………………………………………………………..

***If the information is shared without the parents’ permission, the parents should still be made aware of the transfer of information, unless doing so would likely result in a risk to the child’s protection.***

***Has this been done? Yes / No***

|  |  |  |  |
| --- | --- | --- | --- |
| **Transfer of Records from** | | **Transfer of Records to** | |
| School/setting name |  | School/setting name |  |
| Address |  | Address |  |
| Tel no: |  | Tel no: |  |
| Name of Contact |  | Name of contact |  |

**Child’s Details**

|  |  |
| --- | --- |
| Name of child |  |
| Date of Birth |  |
| Name of Parent/ Guardian |  |
| Address |  |
| Postcode |  |
| Telephone No/s: |  |
| Current Emergency Contact info |  |

|  |  |  |
| --- | --- | --- |
| **Transferred information includes (please indicate\*)** | **YES** | **NO** |
| Child Protection Conference Minutes – Initial and Review |  |  |
| Professional’s meetings documents – such as TAC, TAF core group meetings |  |  |
| General Child Protection log – such as MASH telephone conversations, discussions with Health Visitor, Social Worker or other professionals involved and electronic log. |  |  |
| Accident/incident overview – such as body maps, pre-existing injury forms |  |  |
| Record of welfare concerns and discussions with parents |  |  |
| Admission date, allocated hours and attendance record – including where concerns have been raised with parents |  |  |
| Other (please ensure information shared is essential safeguarding/welfare information in line with Privacy Notice) |  |  |

**Delivery Method**

|  |  |
| --- | --- |
| **Hand delivery** | |
| Taken by (print name) |  |
| Date |  |

|  |  |
| --- | --- |
| **By Post** | |
| Recorded post, Special delivery or Courier |  |
| Tracking Number |  |
| Posted by (print name) |  |

**Receiving establishment acceptance of records as set out above**

|  |  |
| --- | --- |
| Received by (print name) |  |
| Signature on receipt |  |
| Position |  |
| Date |  |

***NOTES for Settings:***

***Originating establishment***

* *Keep a record of transfer as set out in document*
* *Retain fully completed receipt (contact setting transferred to if not received receipt in timely manner) in line with SCC guidance on the transfer and retention of Child Protection, welfare record and work/learning records – January 2022.*

***Upon receipt of file, the receiving setting should***

* *Sign this form, keep a copy securely with the child's CP records if CP or Welfare concerns, note date of receipt in any applicable internal system.*
* *Ensure a signed copy of the form is returned to the originating establishment without delay for their records (Unless relocation to safety- take legal advice if this arises).*