

Record of Return Interview:

Name of Interviewer*	
Designated Role*	
Area*	

Details of Missing Episode:

Name of Child/Young Person*	
ICS Number*	
Date of Birth*	
Home/Placement Address*	
Type of Placement*	
Case Holding team	
Social Worker	
Where did the child/young person go missing from?	
Did this return interview cover multiple missing episodes?*	YES NO
If YES – add details here:	
Time/date of the return interview?*	
Was this a phone interview?	YES NO
Is this the first time that the child/young person has gone missing?*	YES NO

<p>Summary of discussion (to include reason given for going missing, was it planned? Were they coerced by anyone?)*</p>	
<p>Events during the missing episode (who were they with? Where did they go? How did they manage for money/food? What have they been doing? Did they feel safe? Have they been harmed?)*</p>	
<p>What led to them returning?*</p>	
<p>Is this young person indicating they may go missing again? (When do they intend to go? Who with? What do they feel could be done to prevent this?)*</p>	
<p>Has consideration been given to seeking medical or health care advice? (please raise with VC if you're in the view the young person would benefit from such advice and it seems unlikely they will receive support to access it)*</p>	
<p>Further actions (please indicate any further action or point of note that you wish to highlight)</p>	

Privacy Notice – Declaration:

By completing this form I confirm that I have given and confirmed the parent/carers understanding of the associated privacy notice and that they understand the content and accept the use, sharing and storing of information in the ways set out within the privacy notice.

By placing a tick in the box below, I confirm that:

I have shared the associated privacy notice for the Permanent Exclusion – Home Visit Recording Sheet with the young person and/or parent/guardian*	
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I have explained the purpose for which this information is being collected, how it will be used, who it will be shared with, how it will be stored and how long for*	
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I have a hard copy of the form (signed if necessary either by the young person or their parent/guardian), which I will pass to my linked Volunteer Co-ordinator to be added to ESCR and linked to the young person's record, with a case note added into ICS*	
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Volunteer Name*	
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Date*	
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Area*	
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Privacy Notice:

Hampshire County Council is the data controller for the purposes of the Data Protection Act.

The information provided will be used to provide a record that your family has been contacted to explain the exclusion process and your rights, as well as by the Education Inclusion Service to inform their report to the Governors Pupil Disciplinary Committee.

We will also use it to:

- Support teaching and learning
- Monitor and report on progress, as well as potentially used in the evaluation of services
- Provide appropriate pastoral care
- Deliver our Social Care, Family Support and Safeguarding functions
- Support our responsibilities for the provision of health and well being, including improving health and reducing inequalities;
- Statistical forecasting and planning
- Fulfil any statutory responsibilities, legislative duties, duty of care or conditions of grants.

We will not give information about you to anyone outside the County Council without your consent unless the law allows us to.

As part of this service, on the signing of this form, the volunteer will share this information with their linked Volunteer Coordinator, the Education Inclusion Service and if appropriate, with the family's social worker, alongside the Team Manager as part of case file supervision.

Your information may also be shared with an external partner for the sole purpose of evaluating the service provided. The information will be stored securely in line with the requirements of the Data Protection Act and kept for the period as set out in the County Council's retention policy.

If you want to see a copy of the information Hampshire County Council's Children's Services Department holds about you, or someone you have a legal responsibility for (eg parental responsibility), you can make a Subject Access Request to the Children's Services Department.

Read more about how Hampshire County Council stores and uses your information.

If you are unable to access these web links, we can send you a copy of this information.

Address: Children's Services Department Data Protection Team, Elizabeth II Court (North), The Castle, Winchester, SO23 8UQ

Email childrens.services.dp@hants.gov.uk

Telephone 01962 845320

Website www.hants.gov.uk/learning