# SGO / CAO / AO Support



# West Berkshire's Virtual School

The Children and Social Work Act 2017 extended the role of the Virtual School to offer advice, information and guidance to schools and families of children who have ceased to be looked after following a Special Guardianship Order (SGO), Child Arrangements Order (CAO) and an Adoption Order (AO).

The Virtual School must have seen evidence of the relevant Court Order before it can become involved.

Please complete the form below and submit to <u>VirtualSchool@westberks.gov.uk</u> using the local authority's secure email service.

The Headteacher of West Berkshire's Virtual School will meet with you personally to discuss concerns.

## Referrer (please indicate by adding X):

| School |  | Parent |  |
|--------|--|--------|--|
|--------|--|--------|--|

### Family's Details:

| Name of Parent(s) |  |
|-------------------|--|
| Telephone Number  |  |

#### **Child's Details:**

| Name of Child |  |
|---------------|--|
| Year Group    |  |

## **School Information:**

| School Name      |  |
|------------------|--|
| Key Contact      |  |
| Telephone Number |  |
| Email Address    |  |

| Brief outline of issue to be addressed: |  |
|---|--|
|   |  |







Switchboard: (01635) 42400 Document Exchange: DX 30825 Newbury Minicom: (01635) 519001 Website: www.westberks.gov.uk

# Court Order Confirmed:

Please sign below to confirm that you have seen the Court Order, BEFORE providing advice, information and guidance.

| Headteacher of referring<br>school (OR) Virtual<br>School Headteacher | Signature | Date |
|---|-----------|------|
|   |           |      |

#### Agreement to share Personal Information

This form asks for your consent to share this information with key people in the virtual school and the local authority.

If you are in agreement that this information can be shared as described, please sign the declaration below.

| I give my consent for information about<br>my child to be shared with key people in<br>the Virtual School and in the local | Name:                               |
|--|-------------------------------------|
| authority in order to support him/her in school.   | Relationship to child/young person: |
|  | Signed:                             |
|  | DATE:                               |

**Privacy Notice:** If you would like to find out more information about how we use your date, please explore the following link: <u>www.westberks.gov.uk/pnvirtualschool</u>

# Virtual School Advice, Information and Guidance

Name of child/young person:

Virtual School Consultant:

Date:

Summary of Discussion:

Advice, Information and Guidance Provided:

Suggested Next Steps: