**FILE TRANSFER RECORD AND RECEIPT**

**PART 1: To be completed by sending / transferring school or educational setting**

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| --- | --- |
| NAME OF CHILD: |  |
| DOB: |  |
| NAME OF SCHOOL SENDING CP FILE: |  |
| ADDRESS OF SCHOOL SENDING CP FILE: |  |
| METHOD OF DELIVERY:  | BY HAND SECURE POST ELECTRONICALLY |
| DATE FILE SENT: |  |
| NAME OF DSL TRANSFERRING FILE: |  |
| NAME OF PERSON TRANFERRING TO: |  |
| SIGNATURE: |  |

**PART 2: To be completed by receiving school or educational setting**

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| NAME OF SCHOOL RECEIVING FILE: |  |
| ADDRESS OF SCHOOL RECEIVING FILE: |  |
| DATE RECEIVED: |  |
| NAME OF PERSON RECEIVING FILE: |  |
| DATE CONFIRMATION OF RECEIPT SENT: |  |
| SIGNATURE: |  |

***Receiving school / educational setting: P****lease complete Part 2 and return this form to the Designated Safeguarding Lead listed in Part 1 above. You are advised to keep a copy for your own reference.*