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| --- |
| 1. **Contact information of young person**   Name:  DOB:  Borough: |
| 1. Any useful information to be aware of when working together – SEN, safeguarding issues, support needed, known barriers/triggers etc |
| 1. Suggested day or time to call the young person. |

**A picture containing diagram

Description automatically generated**

**Referral to School Exclusions Campaign and Group**