**File Transfer Record and Receipt**

**PART 1: To be completed by the early years provider**

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| --- | --- |
| Name of child: |  |
| DOB: |  |
| Name of person and provider sending file: |  |
| Email address of provider: |  |
| Please list information provided:  Eg, Safeguarding, SEN, Learning and development  Numbers of pages sent |  |
| Highlight method of delivery: | BY HAND SECURE POST ELECTRONICALLY |
| Has the parent parents given consent to share information? If not please state their reasons. |  |
| Date the file is sent: |  |
| Name of person receiving the file: |  |
| Provider Signature: |  |

**PART 2: To be completed by receiving school**

|  |  |
| --- | --- |
| Name of school: |  |
| Email address: |  |
| Date received: |  |
| Name of person receiving the file: |  |
| Date confirmation sent: |  |
| Electronic Signature: |  |

**Transferring School:** Please ensure that the file holding information about child protection is passed to the Designated Safeguarding Lead at the receiving school/Nursery/Pre school/childminder using a secure method of delivery with Part 1 of this form completed.

Please note that Early years settings should retain a copy of the records they are transferring to the next setting. Records should be kept inline with records retention guidelines.