**FILE TRANSFER RECORD AND RECEIPT**

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

|  |  |
| --- | --- |
| Name of pupil: |  |
| DOB: |  |
| Name of setting sending file: |  |
| Address of setting sending file: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Method of delivery: | BY HAND | SECURE POST | SECURE ELECTRONIC |

|  |  |
| --- | --- |
| Date file sent: |  |
| Name of Designated Lead sending file: |  |
| Name of person to whom file sent: |  |
| Signature of Designated Lead sending file: |  |

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

|  |  |
| --- | --- |
| Name of setting receiving file: |  |
| Address of setting receiving file: |  |
| Date file received: |  |
| Name of person receiving file: |  |
| Signature of person receiving file: |  |
| Date signed: |  |

***Receiving school / educational setting:*** *Please 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.*