

SAFEGUARDING REFERRAL FORM



Your Name: Parish Role if any :

Your knowledge of and relationship to the child/adult:

Child/Adult's Name:

Date and place of birth

Child/Adult's address:

If Child details of carers

Nature of the incident/concern:

Date, time and location of incident(s):

Observations made by you or to you (e.g. description of visible bruising, other injuries, child/adult's emotional state etc): *NB: Make a clear distinction between what is fact, opinion or hearsay*

Exactly what the child/adult said and what you said (Remember do not lead them-record actual details. Continue on a separate sheet if necessary):

SAFEGUARDING REFERRAL FORM

Details of external agencies contacted

Police Yes No

Date and Time

Name and Contact Number

Advice Received

Childrens Service Yes No

Date and Time

Name and Contact Number

Advice received

Adult Safeguarding Yes No

Date and Time

Advice Received

Local authority Yes No

Date and Time

Name and Contact Number

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Advice received

Other eg NSPCC /School

Date and Time

Name and Contact number

If concern is about a person under 18; has consent to share been obtained from parent/guardian (unless implicated) Yes No

If child 16 or 17; has consent to share also been obtained from them Yes No

If concern is about an adult has adult concerned given consent to share Yes No

If consent not be sought please detail why ?

Details of Witnesses

Details of referrer

Print name date and sign

Parish

Remember to maintain confidentiality and only share with those who need to know

Telephone Diocesan safeguarding office 01962 737317 07921 865374

Out of hours safeguarding referrals 0300 5551373

Email form to safeguarding@winchester.anglican.org