

**Safeguarding Referral Form**

We encourage anyone with safeguarding concerns to make a referral by completing this form or speaking to the welfare officer.

**Your details**

First name:..........................................................Surname:...........................................................................

Role:.....................................................................................…………………………………………………………..............

**Young person / vulnerable adults details**

First name:..........................................................Surname:...........................................................................

**Please provide the names of the person(s) whose behaviour you have concerns about:**

**Person 1:……………………………………………………………………………………………………………………………………………..**

**……..…………………………………………………………………………………………………………………………………………………….**

**Person 2:……….…………………………………………………………………………………………………………………………………….**

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**Person 3:……………….…………………………………………………………………………………………………………………………….**

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**Are you reporting your own concern or passing on those of somebody else? (Give details)**

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**Please give a brief description of what prompted these concerns.**

Please include the time and date of the incident, where it took place, who was involved and any other relevant information. Continue on another sheet of A4 paper if needed.

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**Have you spoken to the young person or vulnerable adult?**

Please give details of exactly what was said.

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**Have you spoken to the parents or carers of the young person or vulnerable adult?**

Please give details of exactly what was said.

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**Signed:**......................................................................

**Date:**.........................................................................

**FOR COMPLETION BY THE WELFARE OFFICER**

Date received:.........................................................Time received:..............................................................

Received from:..........................................……………………………………………………………………………...................

**Alleged abuse**

**❒** Physical**❒** Psychological/Emotional **❒** Sexual **❒** Neglect **❒** Financial/material **❒** Discriminatory

Other:

**…………………………………………………………………………………………………………………………………………………………….**

**Details of previous referrals**

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**Details of action taken**

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**Has a referral been made?**

**Please give details of agency, date and time and whether by phone or in writing**

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**…………………………………………………………………………………………………………………………………………………………….**

**Name:...........................…………………………………………………………………………**................................................

**Date:**......................................................................**Signed:**............................................................................