

CHILDREN'S SERVICES CHILD PROTECTION/SAFEGUARDING CONCERN REFERRAL FORM

(This form will replace the CIN2B from 1st August 2010)

We encourage anyone who has serious concerns about a child or young person to make a referral by completing this form. Please use the last page to provide any additional/ supplementary information. Our contact details are on **page 4** of this form.

TO BE COMPLETED BY SUNDERLAND CHILDREN'S SAFEGUARDING SERVICES			
Referrer forename:		Referrer surname:	
Date added to system:	(dd/mm/yy)	Time added to system:	
Known to Children's Services Safeguarding	Yes/No		PID:
Does the referrer wish to remain anonymous (if not professional)?			If YES please tick box <input type="checkbox"/>

TO BE COMPLETED BY THE REFERRER			
Please indicate, by ticking one of the following boxes, in your opinion, the ongoing level of risk the referred child/young person is experiencing from this incident:	Low	Med	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of child/young person and other relevant information			
Forename:		Surname:	
Home address:			
Postcode:		Telephone:	
Male:		Female:	
Date of birth:		Age:	
Ethnic origin:		First language:	
Are there any problems in communicating with the child/young person?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
Is the child/young person disabled? (If YES , please give details below)	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
Please let us know what would help us to communicate better with the child/young person:			
Details of GP or GP's surgery:			
Name of School/Nursery attended:			

Details of child/young persons siblings			
Forename:		Surname:	
Home address: (If different from above address)			
Postcode:		Male:	
		Female:	
Forename:		Surname:	
Home address: (If different from above address)			

above address)	Postcode:		Male:		Female:	
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Names of other children in the household or immediate family:	

Details of cause for serious concern

Please give brief details of what has led to the concern including: where the incident took place who was involved (if appropriate) and time and date of the incident	Note: If not a specific incident please outline the serious concerns

Are they safe now?

Please give details of the steps already taken to make the child/young person safe. Include any contact with emergency services or other agencies:

Alleged abuse:

What is the nature of harm or risk of harm (please tick as many as apply)?

Physical:		Emotional:		Sexual:		Neglect:	
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Details of alleged perpetrator (if known)

Title:		Forename:		Surname:	
Home address:					
	Postcode:		Telephone:		
Male:		Female:		Date of birth:	
PID (if known):					

Relationship of alleged perpetrator to child/young person (tick as appropriate)

Main family carer:		Please specify relationship
Relative:		Please specify relationship
Other:		e.g. friend, professional, volunteer, neighbour - please specify

Is the alleged perpetrator a child/young person?	Yes:		No:	
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Details of alleged perpetrators relationship with organisations and other children

It is important that you provide the following information when you know the alleged perpetrator has contact

with other children and young people through work, volunteering, relatives etc.			
Service provider:			
Service provider address:			
	Postcode:		Telephone:
Contact name:			
Contact title:			

Details of person making referral			
Title:		Forename:	
Address:			
	Postcode:		Telephone:
Date reported:		Time reported:	
Agency:			
Relationship to child/young person requiring protection (if any):			
How was the concern about the child reported (please tick)?			
In person:		Telephone:	
		Fax:	
		e-mail:	
By whom? If not self - please give details of person reporting concerns:			

Looked After Children			
Is the child/young person a Looked After Child?	Yes:		No:
Is the child/young person a Looked After Child placed in Sunderland by another Local Authority?	Yes:		No:
If YES please provide the name of the Local Authority:			

IMPORTANT - Please provide the following information:			
Are the family of the child/young person aware that this referral is being made?	Yes:		No:
Do you think informing the family of the referral will place the child/young person in question at further risk/danger?	Yes:		No:

Additional/Supplementary Information:

Signature of referrer:		Date:	
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THANK YOU FOR COMPLETING THIS REFERRAL

It will be dealt with as a matter of priority

Please send this form to the relevant office listed below:

Children's Services Cassaton House 43-49 Fawcett Street Sunderland SR1 1RR Tel: 0191 566 1500 Fax: 0191 566 1501 / 3107	Services for Disabled Children Gilpin House Blind Lane Houghton le Spring DH4 5HX Tel: 0191 566 2190 Fax: 0191 566 2191	Out of Hours Emergency Team Tel: 0191 528 9110 <u>Available:</u> Monday to Thursday 5:15pm to 8:30am Friday 4:45pm to 8:30am Monday
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