

**CHILDREN'S SOCIAL WORK SERVICE:
CHILD PROTECTION/SAFEGUARDING CONCERN REFERRAL FORM**

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.
(updated May 2011)

Part A: TO BE COMPLETED BY SUNDERLAND CHILDREN'S SERVICES			
Referrer forename:		Referrer surname:	
Date added to system:	(dd/mm/yy)	Time added to system:	
Please provide details of child/young person:			
Is the child/young person known to Children's Services Safeguarding prior to this referral?		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:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
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:			

Details of parent/carer: Name and address

Forename:		Surname:	
Home address:			
	Postcode:		Telephone:

Details of Child/young persons siblings					
Forename:		Surname:			
Home address: <i>(If different from above address)</i>					
	DOB/Age:				
	Postcode:		Male:		Female:
Forename:		Surname:			
Home address: <i>(If different from above address)</i>					
	DOB/Age:				
	Postcode:		Male:		Female:
Forename:		Surname:			
Home address: <i>(If different from above address)</i>					
	DOB/Age:				
	Postcode:		Male:		Female:
Forename:		Surname:			
Home address: <i>(If different from above address)</i>					
	DOB/Age:				
	Postcode:		Male:		Female:
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:	<input type="checkbox"/>	Emotional:	<input type="checkbox"/>	Sexual:	<input type="checkbox"/>	Neglect:	<input type="checkbox"/>	Other: please specify below

Who presents a risk to this child?					
Title:	<input type="text"/>	Forename:	<input type="text"/>	Surname:	<input type="text"/>
Home address:	<input type="text"/>				
	<input type="text"/>				
	Postcode:	<input type="text"/>	Telephone:	<input type="text"/>	<input type="text"/>
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Date of birth:	<input type="text"/>
PID (if known):	<input type="text"/>				

Relationship of person presenting risk to child/young person (tick as appropriate)			
Main family carer:	<input type="checkbox"/>	Please specify relationship	
Relative:	<input type="checkbox"/>	Please specify relationship	
Other:	<input type="checkbox"/>	e.g. friend, professional, volunteer, neighbour - please specify	
Is the alleged perpetrator a child/young person?			Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>

Details of relationship of person presenting a risk, with organisations and other children			
It is important that you provide the following information when you know the alleged abuser has contact with other children and young people through work, volunteering, relatives etc.			
Service provider:	<input type="text"/>		
Service provider address:	<input type="text"/>		
	Postcode:	<input type="text"/>	Telephone: <input type="text"/>
Contact name:	<input type="text"/>		
Contact title:	<input type="text"/>		

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

Looked After Children			
Is the child/young person a Looked After Child?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
Is the child/young person a Looked After Child placed in Sunderland by another Local Authority?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
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:	<input type="checkbox"/>	No: <input type="checkbox"/>
Do you think informing the family of the referral will place the child/young person in question at further risk/danger?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>

Signature of referrer:	
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Additional/Supplementary Information:

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 Social Work Service 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