



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:.....

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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:

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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:.....