**SAFEGUARDING CAUSE FOR CONCERN REPORT FORM**

**CONFIDENTIAL**

**CAUSE FOR CONCERN REFERRAL FORM TO SAFEGUARDING OFFICER**

PLEASE COMPLETE IN FULL (with as much information as possible). All information is relevant.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Referee** | |  | | | **Date of Referral** |  | **Time of Referral** |  |
| **Name of Child / Young person / Vulnerable Adult** | |  | | | **Age** |  |  |  |
|  | |  | |  | |  |  |  |
| **Incident details** | | | | | | | | |
| **Date** |  | **Time** |  | | **Location** |  | | |

Observation i.e. Behaviour / Injury / Cause for concern

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Any Child / Young person’s statement / Comments

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Action taken – Date / Time, who to be informed

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**Tick where appropriate**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the child aware of the referral? | **YES** |  | **NO** |  |
| Are the parents/ carers / school aware of the referral? | **YES** |  | **NO** [State reason why] |  |
| Have they given permission for the referral? | **YES** |  | **NO** |  |

**Details of adult in charge:**

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

Signed: …………………………………………………………. Date: ………………………………………………………………………

Contact Number: …………………………………………

Copy sent/handed to: ………………………………….

**TO BE COMPLETED BY DESIGNATED SAFEGUARDING OFFICER**

Follow-up action:

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Name: …………………………………………………..

Signed: ………………………………………………… Date: ……………………………….

Follow-up of Outcome (IF APPROPRIATE)

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|  |

This document should be handed directly to the Designated Safeguarding Lead or submitted electronically via – [safeguarding@firststep-training.co.uk](mailto:safeguarding@firststep-training.co.uk)