

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

Any Child / Young person's statement / Comments



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)

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)

