

Safeguarding Referral Form

**Children and Vulnerable Adults Safeguarding
Incident Reporting Form**

Date:		Time:	
Venue:			
Your Name:			
Your Position:			

Name of child/vulnerable adult:					
Gender M/F:		Age:		Date of birth:	
Child/vulnerable adult's religious and ethnic background:					
Any identified disability or special factors:					
Child/vulnerable adult's address:					
Other people living at the address (if known)					
Tel No:					
Next of kin:					
Address (if different from above):					
Tel No (if different from above):					

Brief description of what has prompted the concerns: include dates, times etc of any specific incidents:

Have you or anyone else spoken with the parent/family/carer(s)? Y/N	
If yes, please outline what was said:	
Have you explained that you may have to disclose information regarding this allegation to a third party? Y/N	
If yes, please outline what was said:	
Date:	Signature:

Remember; do not discuss this with friends or colleagues. Arrange to see your Designated Child/Adult Safeguarding Officer urgently, they will initiate appropriate action.

For office use only:

SafetyNet Reference number	
Date input to SafetyNet	
Reporting officer interview date	
Interview time	
Interviewing officer	

Please return this form to Community Safety as soon as you have filled it out – safeguarding@communitysafetynh.org or call 01252 774476. You are responsible for confirming that a member of the team has received it. **If there is an immediate concern for life please call 999.**