

Safeguarding Referral Form (must be hand written)

Name of student	Childs Date of Birth	Tutor Group	Your name & position

Nature of Concern/Disclosure			
Remember to record only facts DO NOT add your own opinion			

Was there an injury?	Yes or No	Did you see it?	Yes or No
Describe the injury:			
Have you filled in the body plan to show where the injury is and its approximate size?			Yes or No
Was anyone else with you?	Yes or No	If yes, who?	
Where were you?			
Had this happened before?	Yes or No		
Did you report the previous incident?	Yes or No	To whom?	When?
Is the safeguarding concern enabled or dependent on the internet? If yes, please discuss with DSL/Online safety lead		Yes or No	
Who are you passing this information onto?	DSL/ALTERNATE/HEAD OF SCHOOL/ CHAIR OF GOVS		
Their name:	Date:	Time:	
Your signature:			Date:
Print Name:			
For use by DSL/Alternate only:			
Summary of action taken:			
Signed: DSL/Alternate Date..... Time.....			

