Welfare Breach referral form

To report a **safeguarding concern**, please complete this form and attach any other relevant information, and give to the Child Welfare Officer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Name & Contact details** |  | | | | |
| **Your Position** |  | | | | |
| **Participant Details** | | | | | |
| **Name of participant:** | |  | | **Date of Birth** |  |
| **Participant address if known** | |  | | | |
| **Details** | | | | | |
| **What has happened** (include as much information as possible – continue on an extra sheet of paper if required):  **NB Make a clear distinction between what is fact, opinion or hearsay** | | | | | |
| **Where did it happen?** | | | | | |
| **When did it happen**? | | | | | |
| **Immediate Action** | | | | | |
| **State what immediate action was taken:** | | | **By Who, Date and Time:** | | |
|  | | |  | | |
| Is this now closed? **YES / NO**  If **Yes,** sign off the incident on Page 2. If **No,** state follow up action required on Page 2. | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Follow Up Actions** | | | | |
| Follow up actions required | | What follow up actions were taken | By who, date , time | |
|  | |  |  | |
|  | |  |  | |
| Is this now closed? **YES / NO**  If **YES**, sign off the incident below. If **NO**, state further follow up action required below. | | | | |
| **Follow up actions required** | | **What follow up actions taken** | **By who, date , time?** | |
|  | |  |  | |
|  | |  |  | |
| Is this now closed? **YES / NO**  If **YES**, sign off the incident below. If **NO**, state further follow up action required below. | | | | |
| **Incident Sign Off** | | | | |
| **Name of Welfare lead** |  | | **Date** |  |