

### Safeguarding Referral Form

ALL STAFF have equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm. This Safeguarding Referral Form must be completed for all safeguarding concerns.

Name of Staff completing this Form:		Date & Time this form was completed:	
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Name of student (Male/Female)		Tutor Group: (Year)
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Nature of concern:  
[Please tick the appropriate category/ies of concern or abuse that may be relevant to support this referral]

Physical	<input type="checkbox"/>	Emotional	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Other	Please describe your suspicion, or disclosure.		

1. Outline WHEN and WHERE the suspicion or disclosure was made:

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REMINDER: TED QUESTIONS ONLY (Tell Me, Explain, Describe)

3. Describe what ACTION was taken at the time of the suspicion or disclosure:  
(continue overleaf if necessary)

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4. Please tick the member of the SAFEGUARDING TEAM who was responsible for receiving this form from you by hand.

Shaun Lyne-Ley	Designated Safeguarding Lead	
Andi Kosmaczewski	Deputy Designated Safeguarding Lead	
Caroline Vaughan	Safeguarding Officer	

Staff Signature		Date/Time	
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