

### 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.

<b>Name of Staff</b> completing this Form:		<b>Date &amp; Time</b> this form was completed:	
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<b>Name of student</b> (Male/Female)		<b>Tutor Group:</b> (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	<input type="checkbox"/>	Please describe your suspicion, or disclosure.			

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

2. Child's/Young Person's Comments:

**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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