Safeguarding Referral Form / Recording Template

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| **PARISH DETAILS (if applicable)** | | | | | | | |
| **Parish:** | | Click or tap here to enter text. | | | | | |
| **Parish Safeguarding Officer:** | | | | | | | |
| Name | Click or tap here to enter text. | | Tel | | Click or tap here to enter text. | email | Click or tap here to enter text. |
| **Incumbent:** | | | | | | | |
| Name | Click or tap here to enter text. | | | Tel | Click or tap here to enter text. | email | Click or tap here to enter text. |

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| **WHO ARE YOU REFERRING?** | | | |
|  | | | |
| Alleged Victim or Abuser? | Choose an item. | Date of birth (if known) | Click or tap to enter a date. |
| Name | Click or tap here to enter text. | Tel | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Email | Click or tap here to enter text. |
|  | | | |
| Alleged Victim or Abuser? | Choose an item. | Date of birth (if known) | Click or tap to enter a date. |
| Name | Click or tap here to enter text. | Tel | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Email | Click or tap here to enter text. |
|  | | | |
| Alleged Victim or Abuser? | Choose an item. | Date of birth (if known) | Click or tap to enter a date. |
| Name | Click or tap here to enter text. | Tel | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Email | Click or tap here to enter text. |

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| **WHO RAISED THE CONCERN (IF NOT THE ALLEGED VICTIM / ABUSER)?** | | | | | | |
| Name | | Click or tap here to enter text. | | Tel | | Click or tap here to enter text. |
| Address | | Click or tap here to enter text. | | email | | Click or tap here to enter text. |
| Notes /  further information: | | Click or tap here to enter text. | | | | |
| **WHO IS RAISING / REFERRING THE CONCERN TO THE SAFEGUARDING TEAM?** | | | | | | |
| Name | | Click or tap here to enter text. | | Role | Click or tap here to enter text. | |
| Church / Parish / Team | | Click or tap here to enter text. | | Tel | Click or tap here to enter text. | |
| Email | | Click or tap here to enter text. | |  | | |

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| **DATES** | | | |
| Date concern was raised: | Click or tap to enter a date. | Date parish opened the case: | Click or tap to enter a date. |
| Date referred to safeguarding team: | Click or tap to enter a date. |  | |

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| **DETAILS ABOUT THE CONCERN** | | | |
| Is the concern about an adult or child? | Choose an item. | Is the allegation about a church officer? | Choose an item. |
| Type of concern | Choose an item. | GP contact details (if known) | Click or tap here to enter text. |
| If the case is about a child School / Nursery details (if known) | Click or tap here to enter text. | Church or other community groups that the alleged victim may attend or be involved in (if  known) | Click or tap here to enter text. |
| Summary of the concern | Click or tap here to enter text. | | |
| Notes / further information \* | Click or tap here to enter text. | | |

*\* for example any actions taken, such as emergency referral to social care*

INSTRUCTIONS FOR USING THIS FORM

1. This form, which is based on the CofE model parish safeguarding template, can be used to record and report any safeguarding concerns and **must** be used when referring concerns to the diocesan safeguarding team.
2. Please refer to the [Parish Safeguarding Handbook](https://www.churchofengland.org/sites/default/files/2019-10/ParishSafeGuardingHandBookAugust2019Web.pdf) for more information about responding to safeguarding concerns or allegations and safeguarding record keeping.
3. The completed form should be used for your own safeguarding records and should be retained by the parish safeguarding officer, cathedral safeguarding lead or diocesan safeguarding team (if no PSO/safeguarding lead).

*You can either save the file electronically (using file, save as and an appropriate file name) or by printing a hard copy.*

1. The form should then be submitted to the diocesan safeguarding team.

*Click on the envelope at the top right of the screen and an email box will appear with the form attached. Send this to* [*safeguardingconcerns@truro.anglican.org*](mailto:safeguardingconcerns@truro.anglican.org)

1. A member of the safeguarding team will acknowledge and respond to your concern.

*Note that the email address is monitored during office hours Monday to Friday*

**If the matter is an emergency that cannot wait until office hours please contact MARU 0300 1231 116 and Police 101 or 999.**

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| **FOR DIOCESAN SAFEGUARDING TEAM ONLY** |

This Diocesan Safeguarding Team will respond to your query and send you the following information for your records.

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| --- | --- |
| Notes / summary | Click or tap here to enter text. |
| Actions taken | Click or tap here to enter text. |